Better Homes and Gardens Special Interest Publication

Carb counting made easy p. 64

Spring 2010
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diabetic LIVING®

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Dietitian reveals 14 best butters & margarines

Quick & simple meal planning

5 supersize suppers

20 fast-fix grocery foods

8 filling egg dishes

Miss a dose? Pill organizers to the rescue

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Sleep apnea: Solutions for sleeping better tonight p. 46

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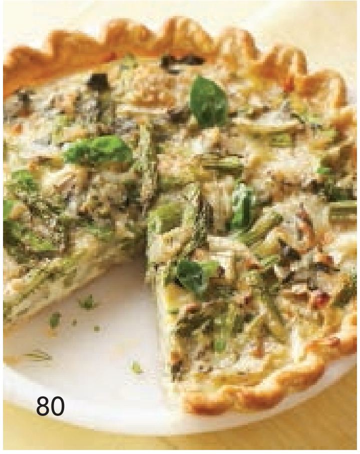

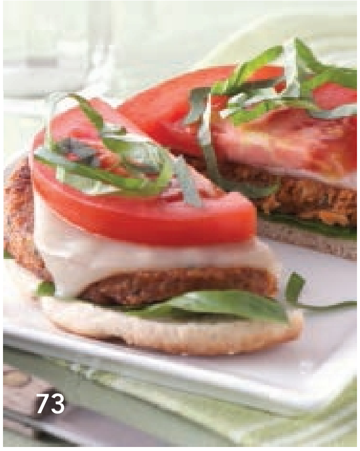

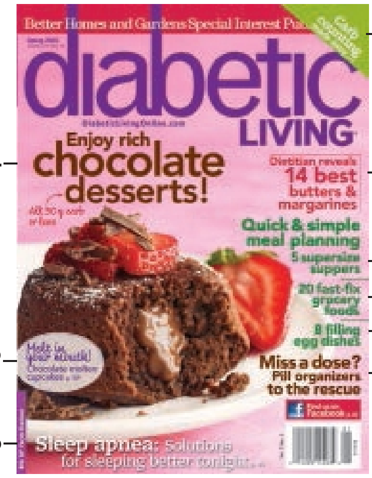

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PHOTOGRAPHER: **Alison Miksch**
FOOD STYLIST: **Charles Worthington**

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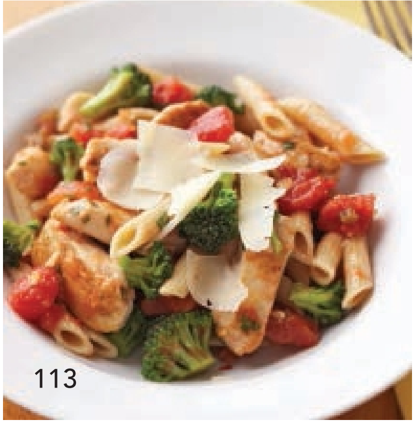
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Better Homes and Gardens Test Kitchen

This seal assures you that every recipe in this issue of Better Homes and Gardens® Diabetic Living® magazine has been tested in the Better Homes and Gardens Test Kitchen. This means each recipe is practical and reliable, and meets our high standards of taste appeal.

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CARB-COUNTING TIP

"When hunger pangs hit is no time to squint at small type on the nutrition facts label. With a bold marker, write the serving size and carb and calorie counts on food packages for easy reference."

—Kelly Rawlings, PWD type 1, Editor, Diabetic Living

IMPORTANT NEWS

*Living with Type 2 Diabetes just got a whole lot **tastier** with Jenny Craig.*

Why losing weight is important when you have Type 2 Diabetes

Weight loss of an average of 8% in people with type 2 diabetes is associated with ***improvements in cardiovascular disease risk factors and control of diabetes***. This amount of weight loss can also lead to ***reductions in medications for hypertension, diabetes and lipid-lowering.****

**The Look AHEAD Research Group. Reduction in weight and cardiovascular disease risk factors in individuals with type 2 diabetes. Diab Care. 2007;30:1374-1383.*

Nancy V. lost 68 lbs and feels better than ever!*

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– Manage blood pressure
– Control cholesterol and triglyceride levels

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holey carbs!

Talk to a person living with diabetes (PWD) and carbs, shorthand for carbohydrate, will be part of the lingo. Carbs are fondly mentioned when favorite foods slot neatly into our meal plans. But they're also cursed—bagels, for example, have so many carb grams per crumb that I suspect foul play at the molecular level.

In contrast to two other key nutrients, protein and fat, carbohydrate has the most effect on our blood glucose levels and is a key component of diabetes management.

You'll learn how to fit in favorite foods when you visit with a dietitian or diabetes educator (please, seek out these pros). Until then, or as a refresher, find tips for solving your carbohydrate puzzles, beginning on page 64.

The good news is that healthful eating for PWDs is the same kind of healthful eating recommended for everyone—and carbs don't deserve all our attention. PWDs have to learn and know more about food than the average person, but we can vow to be above average in setting an example of good nutrition (and feel much, much better as a result).

I'm all for feeling better and feeling in control. And I'm especially glad when the actions I take to do so can fit into my regular activities, such as getting some exercise when I do my chores. Yes, putting away groceries and folding laundry can count as physical activity—see the easy moves on page 42 to learn more.

Before you turn this page and dig in, know that the *Diabetic Living* staff is glad you're part of our diabetes community. A special thank you to the members of our reader advisory panel. See page 120 to meet some new friends—and join the conversation.

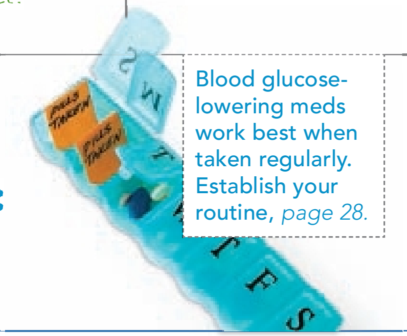
Kelly Rawlings, Editor, PWD type 1
diabeticliving@meredith.com

Check it out on page 36 ...
Joining a support group for people living with diabetes may be the very best thing you do for yourself this month.

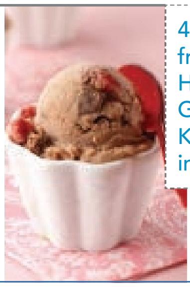
Counter culture

Counting carbohydrate is important for our blood sugars, but sometimes we simply have to wing it. One morning I found a hole (shown, *above*, a smidge larger than actual size) baked in my bread slice. Tell me—how many carb grams would you subtract?

It's all good inside:



Blood glucose-lowering meds work best when taken regularly. Establish your routine, *page 28.*



43 tasty recipes from the Better Homes and Gardens® Test Kitchen. See the index, *page 119.*

How much to eat? Dish up smart portions with these useful, attractive tools, *page 15.*

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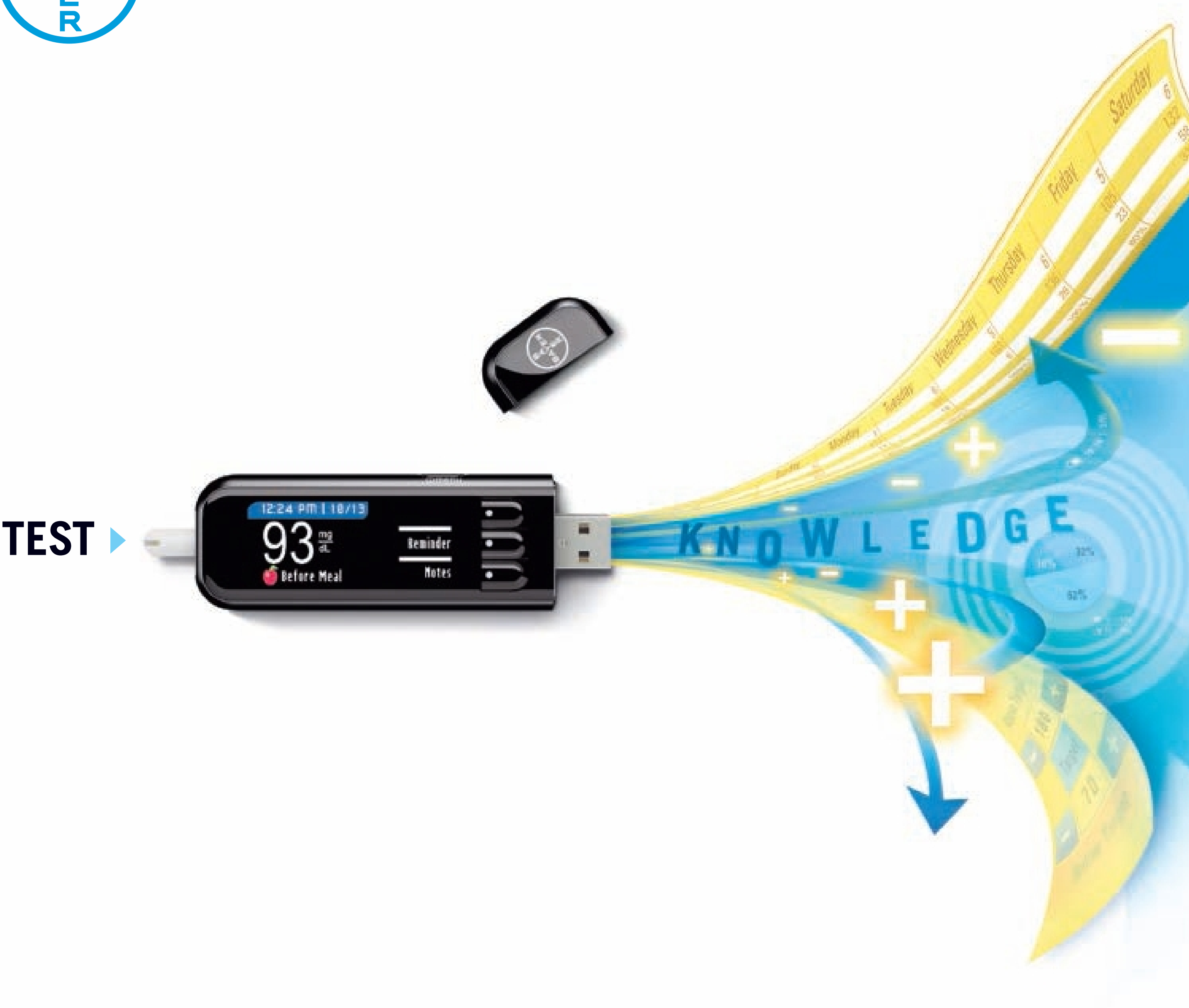

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LEMON-HERB PENNE

If you are entertaining this summer and need a simple yet elegant pasta dish to serve your guests, this is the one. This dish takes as long to prepare as you cook your pasta. Simply wonderful.

Ingredients:
1 package Dreamfields® Penne Rigate
2 tablespoons fresh thyme leaves
1 tablespoon chopped fresh chives
1 tablespoon butter, melted
2 tablespoons extra-virgin olive oil
1 teaspoon finely grated fresh lemon rind
1/2 cup finely grated Parmesan cheese
Salt and freshly ground black pepper, to taste
Sprigs of fresh thyme, chives and lemon wedges, for garnish

Directions:
1. Cook the pasta according to package directions.
2. Drain and return to the hot pot.
3. Toss in the thyme, chives, butter, oil, lemon rind, and half of the cheese.
4. Season to taste with salt and pepper.
5. Serve immediately with remaining cheese sprinkled on the top.
6. Garnish with the fresh herbs and lemon wedge.

Makes 6 Side Dish Servings
Nutritional facts per serving:
Calories: 302 Protein: 11g Fat: 10g
Fiber: 6g Digestible Carbohydrates*: 6g

Cost per serving: less than $2.00

*If traditional pasta is used in this recipe there is a total of 47g carbohydrates per serving.

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MPA

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Editorial advisory board

The following health care professionals—all experts in diabetes management—review articles that appear in *Diabetic Living®* magazine:

Connie Crawley, M.S., R.D., L.D., is a nutrition and health specialist for the University of Georgia Cooperative Extension Service in Athens, specializing in diabetes and weight loss. Connie is a member of the American Dietetic Association Diabetes Care and Education practice group.

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Joanne Gallivan, M.S., R.D., is executive director of the National Diabetes Education Program at the National Institutes of Health. Joanne is a member of the American Dietetic Association Diabetes Care and Education practice group.

Marty Irons, R.Ph., CDE, practices at a community pharmacy and also served in industry and the military.

Jeannette Jordan, M.S., R.D., CDE, works for the Medical University of South Carolina in Charleston and consults with the Centers for Disease Control and Prevention.

Virginia Zamudio Lange, R.N., M.S.N., CDE, is an independent diabetes consultant. She is a past president of the American Association of Diabetes Educators.

Irene B. Lewis-McCormick, M.S., CSCS, is a fitness presenter and educator. Certified by the nation's leading fitness organizations, she is a faculty member of the American Council on Exercise.

Chris Smith, The Diabetic Chef®, is the president of Health Range, Inc., and a professionally trained chef. He is a food consultant and cookbook author and conducts healthy-cooking classes.

Hope S. Warshaw, M.S., R.D., CDE, BC-ADM, is a writer specializing in diabetes care. She has authored several American Diabetes Association books. Hope is a member of the American Dietetic Association Diabetes Care and Education practice group.

Fred Williams, Jr., M.D., FACP, FACE, practices endocrinology and specializes in diabetes. He is an active member of the American Association of Clinical Endocrinologists and serves on the board of directors.

John Zrebiec, M.S.W., CDE, is director of Behavioral Health Services at the Joslin Diabetes Center in Boston and a lecturer in the department of psychiatry at Harvard Medical School.

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*Scientific evidence suggests, but does not prove, that eating 1.5 ounces per day of most nuts, such as almonds, as part of a diet low in saturated fat and cholesterol may reduce the risk of heart disease. See nutrition information for fat content.

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clever containers

Got test strips? Then you probably have empty strip containers, too. We love these smart uses for empties, courtesy of people who chat and share in the forums at **DiabeticLivingOnline.com:**

1. **Organize beads** and other small craft/hobby supplies. —rudy1garcia
2. **Keep collectible state quarters** separate from the rest of your pocket change. —Abbbjbcaregiver
3. **Fill with sawdust or screws** handy for woodworking projects. —dave in md
4. **Store used test strips** when you're away from home (dispose of them responsibly later). —Abbbjbcaregiver

SHARE YOUR TIPS!
Tell us what you eat for breakfast.
E-mail: diabeticliving@meredith.com
Mail: See address on page 6

Recipe cards

I found this magazine soon after I was diagnosed, and it took away the "scariness" of the disease. My only wish is that *Diabetic Living* would make the recipes in the magazine easily accessible online so I can print them on recipe cards or create files for them on my computer.

Joyce K. Ellis, PWD type 2, via Facebook

You'll find archived recipes from previous issues and our books on DiabeticLivingOnline.com. Click the print option in the upper right corner of the recipe page and choose full-page, 3x5-inch, or 4x6-inch printing. *—Sara Broek, interactive writer*

Sugar substitutes

A friend gave me your magazine to look at, and I really enjoyed it. What does a person with type 2 diabetes do if she can't eat sugar substitutes?

Kathy, PWD type 2, via e-mail

Sugar substitutes are not required for life with diabetes. Sugar, honey, and other natural sweeteners are OK in moderation. Total carbohydrate—not just added sugar—from all food sources is what affects blood glucose. Limiting added sugar can help you manage blood glucose and calories and learn to enjoy less-sweet (and often more-nutritious) foods. But sugar is not forbidden. *—Laura Marzen, R.D., L.D., Better Homes and Gardens® Test Kitchen*

Motivation

My husband has type 2. He also has a large stomach. Other than walking with him, what other changes can I do for him? He is overweight—over 75 pounds—and I am, too—over 50 pounds. He just watches TV and uses the computer. Help, please.

Kay, via e-mail

Having family members encourage and join us in self-care routines is a true blessing. But ultimately the person with diabetes (PWD) must take the lead in managing the condition. To find relief yourself, consider joining a support group (see page 36) especially for "type 3s"—the friends and family of people with diabetes. *—Kelly Rawlings, PWD type 1, editor*

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Not having to give up the things I love?
sweet!
Very Strawberry Shortcake
Strawberry Filling
3 cups sliced fresh strawberries
2 tablespoons SPLENDA® No Calorie Sweetener, Granulated
2 teaspoons balsamic vinegar
Shortcakes
2 1/2 cups reduced-fat biscuit mix
1/3 cup SPLENDA® No Calorie Sweetener, Granulated
1 cup plain fat-free yogurt
1 1/2 teaspoons vanilla extract
Prep Time: 15 Min.
Cooking Time: 15 Min.
Serves: 12
fat-free frozen whipped topping, thawed (optional)
mint sprigs (optional)
Strawberry Filling Directions: Stir together strawberries, 2 tablespoons SPLENDA® Granulated Sweetener and balsamic vinegar; let stand 1 hour, stirring occasionally.
Shortcake Directions: Preheat oven to 425 degrees F.
1. Combine biscuit mix and 1/3 cup SPLENDA® Granulated Sweetener in a large bowl.
2. Stir together yogurt and vanilla; add to dry ingredients, stirring just until moistened.
3. Turn dough out onto a lightly floured surface, and knead 3 or 4 times. Pat dough to a 1/2-inch thickness. Cut with a 2 1/4-inch round cutter, reusing dough scraps, if necessary. Place shortcakes on an ungreased baking sheet. Bake 12 to 15 minutes. Serve warm with sliced strawberries. Garnish, if desired.
Nutrition Info (per serving) Serving Size: 1 shortcake, 1/4 cup strawberries
Calories 120 | Calories from Fat 5 | Fat 1g (sat 0g) | Cholesterol 0mg | Sodium 350mg | Carbohydrate 25g | Fiber 2g | Sugar 6g | Protein 4g
Splenda
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With SPLENDA® No Calorie Sweetener you can forget all the added calories and carbohydrates of sugar, and still enjoy the sweet side of life. SPLENDA® tastes like sugar and can be used just about anywhere sugar is used. And that's why it's America's Favorite No Calorie Sweetener.
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BY Joy Pape, R.N., CDE, WOCN, CFCN

Q. I've recently been diagnosed with diabetes and I feel bad about it. Could I be depressed?

A. No one expects you to be thrilled about having diabetes. You may feel stressed or overwhelmed. Stress is a normal reaction to something happening in your life, good or bad.

Feeling overwhelmed is a type of stress and not unusual for people who have diabetes. In fact, Richard Rubin, Ph.D., CDE, professor of medicine and pediatrics at the Johns Hopkins University School of Medicine in Baltimore, calls it "diabetes overwhelmus," which simply means being overwhelmed by the demands of diabetes.

Depression is different. It's not a normal reaction or a temporary feeling. Depression is considered a disease and it is common in people who have diabetes. Depression impairs your ability to eat, sleep, function at work, and enjoy other people and/or activities that were once pleasurable to you. It also causes you to think about yourself and the world in negative ways.

Depression can make it difficult to care for diabetes. There is a tendency to take poorer care of yourself, so blood glucose levels increase, which can make depression worse and more exhausting. Depression can be successfully treated, however.

Q. If I am diagnosed with depression, what are some treatment options?

A. It's best to use a trio of depression treatments: medication, counseling, and group therapy, says psychologist William Polonsky, Ph.D., CDE, founder of the Behavioral Diabetes Institute in San Diego. "There are antidepressant medications, but there's no one drug that works for everyone," he says. "They take 4–6 weeks to really work."

A doctor may need to prescribe different antidepressants over time to find one that works for you. "So if you find you need another antidepressant, it's not your fault," Polonsky says. He recommends counseling, especially cognitive-behavioral Therapy, along with medication because counseling and support groups start to help before the medication kicks in.

Depression symptoms checklist

If you have been feeling sad, blue, or down in the dumps, check for these symptoms:

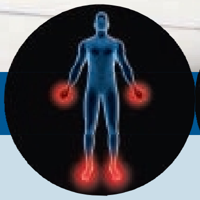
- ☐ **Loss of pleasure.** You no longer take interest in doing things you used to enjoy.
- ☐ **Change in sleep patterns.** You have trouble falling asleep, you wake often in the night, or you want to sleep more than usual.
- ☐ **Early to rise.** You wake earlier than usual and cannot get back to sleep.
- ☐ **Change in appetite.** You eat more or less than you used to, resulting in quick weight gain or weight loss.
- ☐ **Trouble concentrating.** You can't watch a TV program or read an article because other thoughts or feelings get in the way.
- ☐ **Loss of energy.** You feel tired all the time.
- ☐ **Nervousness.** You always feel so anxious that you can't sit still.
- ☐ **Guilt.** You feel you never do anything right and worry that you are a burden to others.
- ☐ **Morning sadness.** You feel worse in the morning than you do the rest of the day.
- ☐ **Suicidal thoughts.** You feel you want to die or are thinking about ways to hurt yourself.

If you have three or more of these symptoms, or if you have just one or two but have been feeling bad for two weeks or more, seek help from your health care provider. dl

Note: Adapted from *Real-Life Guide to Diabetes* (American Diabetes Association, 2009) by Hope S. Warshaw and Joy Pape.

photo: JUPITER IMAGES

This shopping trip is no bargain if you have Diabetic Nerve Pain.



*Nerves damaged by diabetes can send too many signals that cause pain.**

Lyrica is believed to help calm the damaged nerves† – reducing the signals and the pain.

Move towards relief with LYRICA® PREGABALIN CV capsules

Unlike some common over-the-counter pain relievers, Lyrica is FDA approved specifically to treat the **shooting, stabbing, burning sensations** of diabetic nerve pain. Lyrica is believed to help calm the damaged nerves† and help ease this pain – and that's a deal worth seeking out.

Ask your doctor if Lyrica can help you.

*Diagram is illustrative of diabetic nerve pain.
† Exact mechanism of action and relevance to humans are unknown as studies were conducted on animal models.

Prescription Lyrica is not for everyone. Tell your doctor right away about any serious allergic reaction that causes swelling of the face, mouth, lips, gums, tongue or neck or any trouble breathing or that affects your skin. Lyrica may cause suicidal thoughts or actions in a very small number of people. Call your doctor right away if you have new or worsening depression, suicidal thoughts or actions, or unusual changes in mood or behavior. Lyrica may cause swelling of your hands, legs and feet. Some of the most common side effects of Lyrica are dizziness and sleepiness. Do not drive or work with machines until you know how Lyrica affects you. Other common side effects are blurry vision, weight gain, trouble concentrating, dry mouth, and feeling "high." Also, tell your doctor right away about muscle pain along with feeling sick and feverish, or any changes in your eyesight including blurry vision or any skin sores if you have diabetes. You may have a higher chance of swelling, hives or gaining weight if you are also taking certain diabetes or high blood pressure medicines. Do not drink alcohol while taking Lyrica. You may have more dizziness and sleepiness if you take Lyrica with alcohol, narcotic pain medicines, or medicines for anxiety. If you have had a drug or alcohol problem, you may be more likely to misuse Lyrica. Tell your doctor if you are planning to father a child. Talk with your doctor before you stop taking Lyrica or any other prescription medication.

Please see Important Facts Brief Summary on adjacent page.

To learn more visit www.lyrica.com or call toll-free 1-888-9-LYRICA (1-888-959-7422).

***You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.***

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IMPORTANT FACTS

LYRICA® PREGABALIN CV capsules (**LEER**-i-kah)

IMPORTANT SAFETY INFORMATION ABOUT LYRICA

LYRICA may cause serious, even life threatening, allergic reactions. Stop taking LYRICA and call your doctor right away if you have any signs of a serious allergic reaction:

- Swelling of your face, mouth, lips, gums, tongue or neck
- Have any trouble breathing
- Rash, hives (raised bumps) or blisters

Like other antiepileptic drugs, LYRICA may cause suicidal thoughts or actions in a very small number of people, about 1 in 500. Call your doctor right away if you have any symptoms, especially if they are new, worse or worry you, including:

- New or worsening depression
- Suicidal thoughts or actions
- Unusual changes in mood or behavior

Do not stop LYRICA without first talking with your doctor.

LYRICA may cause swelling of your hands, legs and feet. This swelling can be a serious problem with people with heart problems.

LYRICA may cause dizziness or sleepiness. Do not drive a car, work with machines, or do other dangerous things until you know how LYRICA affects you. Ask your doctor when it is okay to do these things.

ABOUT LYRICA

LYRICA is a prescription medicine used in adults 18 years and older to treat:

- Pain from damaged nerves that happens with diabetes or that follows healing of shingles
- Partial seizures when taken together with other seizure medicines
- Fibromyalgia (pain all over your body)

Who should NOT take LYRICA:

- Anyone who is allergic to anything in LYRICA

BEFORE STARTING LYRICA

Tell your doctor about all your medical conditions, including if you:

- Have had depression, mood problems or suicidal thoughts or behavior
- Have or had kidney problems or dialysis
- Have heart problems, including heart failure
- Have a bleeding problem or a low blood platelet count
- Have abused prescription medicines, street drugs or alcohol in the past
- Have ever had swelling of your face, mouth, tongue, lips, gums, neck, or throat (angioedema)
- Plan to father a child. It is not known if problems seen in animal studies can happen in humans.
- Are pregnant, plan to become pregnant or are breastfeeding. It is not known if LYRICA will harm your unborn baby. You and your doctor should decide whether you should take LYRICA or breast-feed, but not both.

Tell your doctor about all your medicines. Include over-the-counter medicines, vitamins, and herbal supplements. LYRICA and other medicines may affect each other causing side effects. Especially tell your doctor if you take:

- Angiotensin converting enzyme (ACE) inhibitors. You may have a higher chance for swelling and hives.

BEFORE STARTING LYRICA, continued

- Avandia® (rosiglitazone)*, Avandamet® (rosiglitazone and metformin)* or Actos® (pioglitazone)** for diabetes. You may have a higher chance of weight gain or swelling of your hands or feet.
- Narcotic pain medicines (such as oxycodone), tranquilizers or medicines for anxiety (such as lorazepam). You may have a higher chance for dizziness and sleepiness.
- Any medicines that make you sleepy

POSSIBLE SIDE EFFECTS OF LYRICA

LYRICA may cause serious side effects, including:

- See "Important Safety Information About LYRICA."
- Muscle problems, pain, soreness or weakness along with feeling sick and fever
- Eyesight problems including blurry vision
- Weight gain. Weight gain may affect control of diabetes and can be serious for people with heart problems.
- Feeling "high"

If you have any of these symptoms, tell your doctor right away.

The most common side effects of LYRICA are:

- Dizziness
- Blurry vision
- Weight gain
- Sleepiness
- Trouble concentrating
- Swelling of hands and feet
- Dry mouth

If you have diabetes, you should pay extra attention to your skin while taking LYRICA and tell your doctor of any sores or skin problems.

HOW TO TAKE LYRICA

Do:

- Take LYRICA exactly as your doctor tells you. Your doctor will tell you how much to take and when to take it. Take LYRICA at the same times each day.
- Take LYRICA with or without food.

Don't:

- Drive a car or use machines if you feel dizzy or sleepy while taking LYRICA.
- Drink alcohol or use other medicines that make you sleepy while taking LYRICA.
- Change the dose or stop LYRICA suddenly. You may have headaches, nausea, diarrhea, or trouble sleeping if you stop taking LYRICA suddenly.
- Start any new medicines without first talking to your doctor.

NEED MORE INFORMATION?

- Ask your doctor or pharmacist. This is only a brief summary of important information.
- Go to **www.lyrica.com** or call **1-866-459-7422 (1-866-4LYRICA).**

Uninsured? Need help paying for Pfizer medicines? Pfizer has programs that can help. Call **1-866-706-2400** or visit www.PfizerHelpfulAnswers.com.

Pfizer helpful answers®

Pfizer

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Rx only

BY **Marsha McCulloch, R.D., L.D.**

It's important to watch how much you eat as well as what you eat. These products help you keep portions, calories, and carbs in check.

PORTION-CONTROL HELPERS

plate it

Need a gentle reminder to fill half of your dinner plate with nonstarchy vegetables, one-fourth with lean meat, and the other fourth with a starch? Give this portion-control dinnerware a try.

1. The Diet Plate and Breakfast Bowl are artfully and scientifically designed to help you control portion sizes and calories. They're clinically shown to help people with diabetes shed pounds. $40/set; 866/822-9664; thedietplate.com

2. The Portion Plate has guidelines for balancing meals and managing carbohydrate intake, plus it shows everyday objects to help you accurately visualize appropriate portion sizes. $11.95; 866/765-0386; theportionplate.com

3. Design for Health porcelain plate by artist Jeffrey Harris is 9½ inches in diameter and beautifully reminds you to right-size meat and starch portions. $23.95; 518/392-1600; jeffreyharris.net

Continued on page 16 »

EXPERT TIP

"In light of the obesity pandemic, we should not have to finish what is on our plates. The right thing to teach our children is to take smaller portions and to stop eating when you feel full." *—Sue Pedersen, M.D., University of Calgary, Alberta*

plate photo: SCOTT LITTLE

Dry Mouth?

Wet Your Whistle

Proven Effective—Works for Hours

OraMoist is a time-released patch that adheres to the roof of the mouth and then slowly dissolves, moistening the mouth for hours. Proven effective in University studies, OraMoist slowly releases xylitol and enzymes to promote oral health. Try a sample. Get hours of relief with each OraMoist patch—day or night!

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Free Trial Sample
800-448-1448

Coupon/Info
www.oramoist.com

QUANTUM HEALTH

» *Continued from page 15*

Portion gadgets and scales galore

Many people underestimate how much they're actually eating. These portion control devices help eliminate the guesswork.

Measure it

Chef'n Sleekstor Collapsible Measuring Cups fold flat and are perfect for toting in your purse or briefcase so you can check portions away from home. Set includes ¼-, ⅓-, ½-, and 1-cup measures. $14.95/set; 866/765-2433; **chefsresource.com**

Meal Measure helps you fill your plate with correct portions. Each 1-cup fruit, vegetable, and starch section includes ½-cup markings. The meat section is the size of a deck of cards and has a thickness guide. $19.99; 866/613-6795; **mealmeasure.com**

EZ Weight Plate has compartments with multiple measurement markings for meats, sides, and condiments. It has a lid and is microwave-safe, so you can carry your lunch to the office. $16.95; 866/393-3123; **ezweightplate.com**

Weigh it

Tanita Slim Digital Mini Scale Model 1475T is perfect for toting to restaurants to weigh meat, baked potatoes, and other foods. The carrying case doubles as a weighing tray. Batteries included. $67; 866/679-3343; **miniscale.us**

Coheso Compact Electronic Kitchen Scale is small enough (8×6 inches) to slide into a kitchen drawer but stylish enough to display on your countertop. Weighs food in grams or ounces. Battery included. $24.95; 877/750-2300; **coheso.com**

Escali Cesto Portable Nutritional Scale tells you the calories, carbohydrate, fiber, protein, fat, cholesterol, and sodium in foods you weigh based on the code you enter from a list of 999 foods. Batteries included. $79.95; 800/467-6408; **escali.com**

Continued on page 18 »

photos: SCOTT LITTLE; food styling: GREG LUNA

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CALL TODAY!
FOR OUR NEW DIABETIC SOCKS!

NEW!

Dr. Comfort

One in four Americans will develop foot complications due to their diabetes. Properly fitted shoes are essential for reducing these risks. Dr. Comfort shoes are created from the world's finest leathers and are specifically designed for the diabetic foot. The cost of comfort is priceless. Medicare or your private insurance carrier may cover the costs of Dr. Comfort Footwear. Call our friendly customer service specialists today to find out how you or your loved one could be wearing the finest quality diabetic footwear. Call now and receive our beautiful 2010 catalog featuring an abundance of great new footwear styles and socks.

The Finest Quality Diabetic Footwear and Socks **Period!**

1-866-497-9777 www.drcomfort.com

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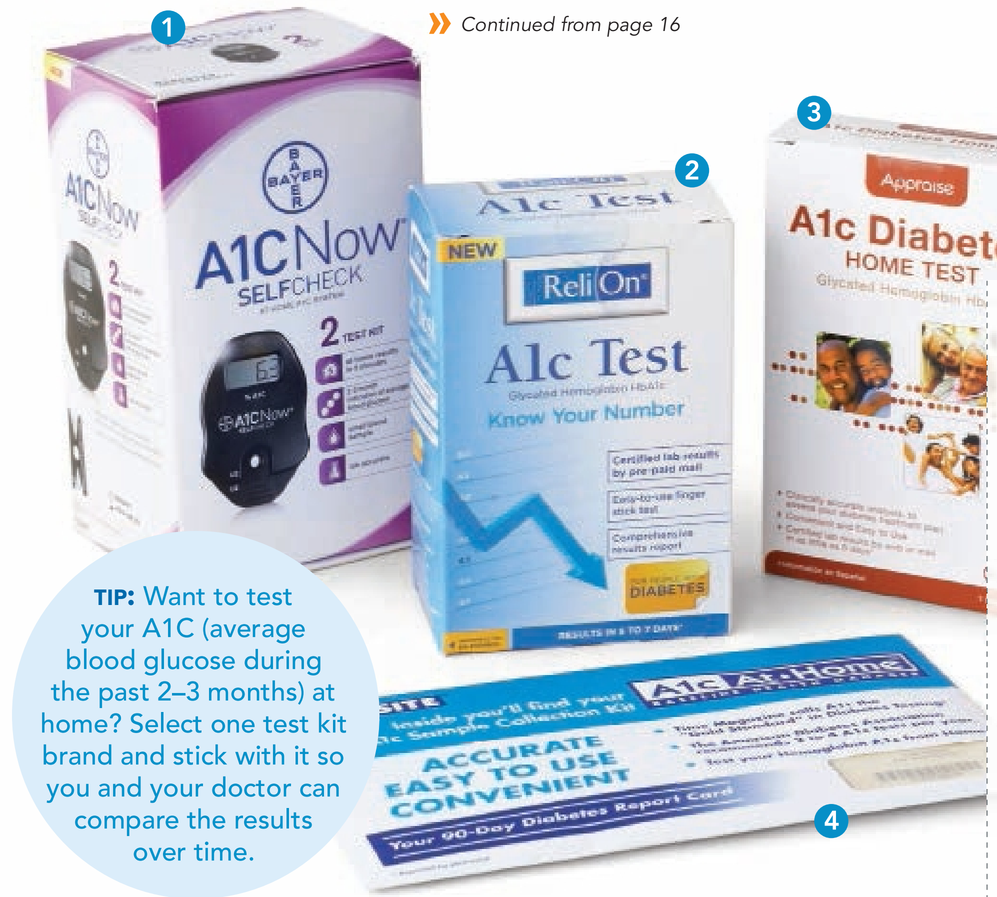
Continued from page 16



TIP: Want to test your A1C (average blood glucose during the past 2–3 months) at home? Select one test kit brand and stick with it so you and your doctor can compare the results over time.

A1C results vary with method

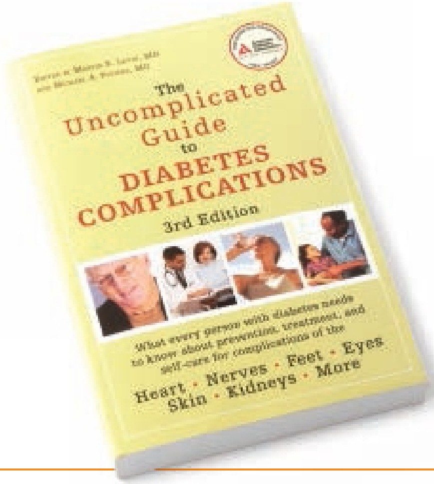
These four home A1C tests are certified by the National Glycohemoglobin Standardization Program (NGSP), the major certifying group for A1C tests in the United States. But, as with any lab test, several variables come into play, and you will likely find different results among testing methods. That was our experience when Kelly Rawlings, *Diabetic Living* editor, tried the four tests within 48 hours of one another and got four different results, two of which were significantly higher (nearly a full point) than her A1C result at the doctor's office. Similarly, your A1C results are not as easily compared if your doctor changes labs or test methods.

1. Bayer A1CNow Selfcheck. Place finger-stick blood sample in disposable analyzer; results in 5 minutes. Details at **a1cnowselfcheck.com**. Sold through online pharmacies, including **walgreens.com**. $29.99/two-test kit

2. ReliOn A1c Test. Mail dried blood sample to lab; results in as few as five days. Sold at Wal-Mart stores. Details at **relion.com**. $9.99/one-test kit

3. Appraise A1c Diabetes Home Test. Mail dried blood sample to lab; results in three to five business days. Get details and purchase at **appraisetests.com**. $19.95/one-test kit

4. FlexSite A1c At Home. Mail dried blood sample to lab; results in about two weeks. Get details and purchase at **flexsite.com**. $19.95/one-test kit



Complications made simple

If you're looking for a simple guide to how diabetes can affect your heart, nerves, feet, eyes, skin, and kidneys—plus what to do about it—pick up a copy of *The Uncomplicated Guide to Diabetes Complications*, third edition (American Diabetes Association, 2009; $18.95), edited by Marvin E. Levin, M.D., and Michael A. Pfeifer, M.D. Using a reader-friendly style complete with illustrations, the book gives up-to-date information on prevention, treatment, and self-care for every major diabetes complication.

@ Find out your important role in preventing diabetes complications: **DiabeticLivingOnline.com/avoid-complications**

Continued on page 20

photos: SCOTT LITTLE

Nutritional balance...
your health depends on it

Fill the nutritional gaps with *alpha betic*® for diabetic health.*

People with diabetes have specific nutritional needs which may not be completely fulfilled from the average multivitamin or from their diet alone.* Keep your body healthy and active with help from this advanced multivitamin formula—fueled with vitamins, minerals and nutrients and antioxidants at their optimal potency especially essential for:

- Cardiovascular Health*
- Eye and Nerve Function*
- Antioxidant Protection*

Nutrition for your whole life!

Look for the full line of *alpha betic*® products in the diabetes section of drug stores, pharmacies and other retailers nationwide.

Visit alphabetic.com for a $5 coupon!

09-ETR-0711 *THIS STATEMENT HAS NOT BEEN EVALUATED BY THE FOOD AND DRUG ADMINISTRATION. THIS PRODUCT IS NOT INTENDED TO DIAGNOSE, TREAT, CURE, OR PREVENT ANY DISEASE.

Continued from page 18

TIP: This bread is preservative-free, so store it in your refrigerator or freezer to keep it fresh longer.

Slow-carb bread

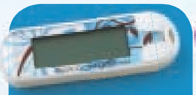
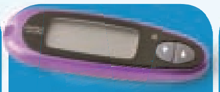
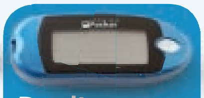
Diabetic Lifestyles bread from Alvarado Street Bakery tastes great and has a glycemic index (GI) of 5 when tested on people with diabetes. A typical slice of white or whole wheat bread has a GI of 71. Low-GI foods (defined as a GI less than 55) are digested and absorbed more slowly, so they affect blood glucose less.

Diabetic Lifestyles bread is made with sprouted organic whole wheat berries and is sweetened only with organic dates and raisins. This hearty, fat-free bread has 80 calories, 15 grams of carbohydrate, and 2 grams of fiber per slice. Sold in health food and grocery stores (sometimes in the freezer section), online at **alvaradostreetbakery.com**, or call 707/283-0300. $3.89–$4.49/loaf

@ How many carbs should you eat a day? Find out at **DiabeticLivingOnline.com/carbs-per-day**

Pick a pocket meter

Compact and simple to use, these small blood glucose meters can go with you everywhere. Here's how they compare.

	 Glucocard 01-mini	 OneTouch UltraMini	 Prodigy Pocket Meter	ReliOn Micro	True2go
Coding required?	No	Yes	No	No	No
Test time (seconds)	7	5	7	7	4 *Very fast*
Blood drop size (microliters)	0.3 *Very small sample size*	1.0	0.7	0.3 *Very small sample size*	0.5
Memory (# of results)	50	500 *Largest memory*	120 *Standard USB port*	50	99
Result averages	7, 14, 30 days	No averages	7, 14, 28 days	7, 14, 30 days	No averages
Size (inches)	1.2 × 3.6	1.26 × 4.25	1.38 × 3.54	1.12 × 3.5	1.46 × 1.7
Meter price*	$16.95	$19.99	$14.95	$12	$9.99
For details	800/566-8558; glucocardusa .com	800/227-8862; onetouch diabetes.com	800/366-5901; prodigymeter .com	800/631-0076; relion.com	800/803-6025; home diagnostics.com

*Suggested retail prices provided by manufacturers. Check your insurance plan to see if meters are covered. Also check with manufacturers for free meter offers.

Continued on page 22

photos: SCOTT LITTLE, food styling: GREG LUNA

CPAP USERS...

FINALLY! A mask that can help you get the quality of sleep you need.

NEW The EasyLife™ mask with its revolutionary new design will provide you with a mask that is easy to use and adjusts to you as you sleep.

QUALITY With the new Auto Seal™ technology, you will have one of the most comfortable masks on the market today.*

SERVICE Our follow-up program sets us apart from the industry. Nationwide Medical, Inc. promises to contact you every 90 days to ensure your equipment meets PAP compliance which includes changing filters, masks and tubing in accordance with your insurance guidelines.

PHILIPS
RESPIRONICS

EASE Contact us and we will do all the paperwork. Most insurances accepted. We take care of everything – your job is to let the therapy improve your quality of life.

*Based on Philips Respironics™ trial data.

Nationwide Medical, Inc.
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www.NationwideMedical.com/newmask

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» Continued from page 20

“Regular exercise can play a role in preventing or reversing almost every complication related to diabetes.”

—Sheri Colberg, Ph.D., author of Diabetic Athlete’s Handbook *(Human Kinetics, 2008)*

Take control with exercise

Exercise gives you an edge in managing diabetes. Sheri Colberg, Ph.D., professor of exercise science at Old Dominion University in Norfolk, Virginia, and an athlete with type 1 diabetes, shares her top exercise tips for people with diabetes (PWDs) based on current research:

Aim for 150 minutes. At least 150 minutes of moderate exercise a week paired with a low-fat diet could cut risk of type 2 diabetes by more than half and may help reverse pre-diabetes, too.

Cut complications. Exercise pumps up your body’s ability to fight free radicals (damaging molecules) that contribute to cardiovascular disease and other diabetes complications.

Blunt postmeal spikes. Moderate-pace walking for 20 minutes shortly after meals can help prevent spikes in blood glucose.

Exercise outside the gym. Put on a pedometer (a device that counts your steps) and find ways to be more active all day long. For example, walk in circles while talking on the phone.

Cross-train. You’ll reduce risk of an overuse injury or boredom if you vary your exercise. Try a stationary bike one day and ballroom dancing the next.

Add weight training twice a week. We lose muscle mass with aging and inactivity. Lifting weights (or even water bottles) to build muscle mass ultimately increases how much carbohydrate you can store in your muscles rather than as body fat.

Eat before morning exercise. Eating a bit of food, such as yogurt and a half piece of fruit, before a morning walk signals to your body that you’ve broken the night’s fast. That helps reduce early morning hormone levels that raise blood glucose.

Keep it regular. For PWDs type 2, many of the short-term benefits of exercise relate to improving how well your body’s insulin works. To maximize these benefits, go no more than 48 hours between exercise sessions.

NEWS YOU CAN USE

More fiber, less body fat

Researchers have found another potential benefit to getting enough fiber: a lower body-fat percentage.

A study at Brigham Young University in Provo, Utah, followed 252 middle-age women for 20 months, requiring them to carefully weigh, measure, and record everything they ate for seven days at the beginning and end of the study.

Lead researcher Larry Tucker, Ph.D., reports that:

- For each additional gram of fiber the women consumed daily, they lost a quarter of a percentage point of body fat over time. “So if a participant increased her fiber intake by 8 grams, she tended to drop about 2 percent body fat and lose 4 pounds over time.”
- Women who reduced their fiber intake tended to increase body fat and gain weight over time.

Fiber affected body fat because women who ate more fiber tended to consume fewer calories. Of course, people who need to lose weight should address the issue more aggressively than simply increasing fiber intake, Tucker says. dl

SOURCE: *Journal of Nutrition*, February 2009

CHECK IT OUT: Get our top picks for carb-smart foods that are high in fiber and flavorful, too, on page 24.

photo: IMAGE SOURCE

VITALICIOUS®
Maximum Nutrition. Maximum Pleasure. Minimum Calories.™
Seven
VITALICIOUS
OPPORTUNITIES
TO SAVE 100
CALORIES OR MORE
NATURAL & DELICIOUS
VITAMUFFIN
ONLY
100 DELICIOUS CALORIES®
HIGH FIBER
LOW FAT
LOW SODIUM
By replacing your regular breakfast, snack or dessert with a VitaMuffin or VitaTop, you can save at least 100 calories each time.
By cutting out just 100 calories a day, you can lose 10 pounds in a year*.
*Here's how:
1 pound of body fat = 3,500 calories
100 calories x 365 days = 36,500 calories
Savings = 10.4 pounds a year
Every Vitalicious products contain:
100 Calories
4-7g Fiber
0-2.5g Fat
3-4g Protein
Whole Grain
15 Vitamins & Minerals
1 Breakfast
Cereal with Milk 200—300 Calories
VitaTop 100 Calories
You Save 100—200 Calories
2 Mid Morning
Nutrition Bar 200—350 Calories
VitaMuffin 100 Calories
You Save 100—250 Calories
3 Lunchtime Dessert
Chocolate Cake 300—600 Calories
VitaTop 100 Calories
You Save 200—500 Calories
4 Afternoon Snack
Nutrition Bar 200—300 Calories
VitaMuffin 100 Calories
You Save 100—200 Calories
Golden Corn
Apple Berry Bran
Banana Nut
DeepChocolate
5 Dinner/ Dessert
Crème Brûlée 300—400 Calories
VitaBrownie 100 Calories
You Save 200—300 Calories
6 Nighttime
Cookies / Chips 250—300 Calories
VitaTop 100 Calories
You Save 150—200 Calories
7 Preemptive Snack
Various Snacks 250—300 Calories
VitaMuffin 100 Calories
You Save 150—200 Calories
VitaBrownie
Double Chocolate Dream
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FOR MORE INFO, VISIT US AT
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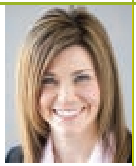
WEB COUPON
6 FREE VitaTops†
For details visit:
www.vitalicious.com/freetops
Enter coupon code "MDLQ73YYQ"
Good through July 31, 2010; not valid in stores.
†Purchase required.

BY Marsha McCulloch, R.D., L.D.



MEAL MAKEOVER

finding fiber

These carb-smart foods will help you get the recommended 20–35 grams of fiber each day.

Q: How can I get more fiber in my diet without eating too many carbs and calories? I eat beans (legumes), lettuce salad, fruit, and whole wheat bread, but I'm still not getting enough fiber.
—Michael Fidel, PWD type 2, Penasco, New Mexico

A: The fruits, veggies, and whole grains you're eating are all good sources of fiber, so continue enjoying them. But to meet your daily quota (14 grams of fiber for every 1,000 calories you eat), try adding a few of the fiber-rich foods shown here and on page 26. Increase your fiber intake gradually and drink plenty of water to avoid intestinal discomfort. Studies suggest fiber may fight body fat (see page 22) by helping fill you up, plus it promotes cardiovascular and digestive health.

Continued on page 27 »

To boost fiber, start with fruits, vegetables, and whole grains. For more fiber-rich food ideas, try those shown, *right.* (Details on page 27.)

photos: KRITSADA; food styling: NICOLE FABER-PETERSON

Confused by what to eat?
Send our dietitian your top nutrition questions via e-mail to diabeticliving@meredith.com or mail to Meal Makeover, *Diabetic Living* magazine, 1716 Locust St., LN 114, Des Moines, IA 50309.

The Humalog® KwikPen™ is so portable...

You might not carry it this way, but you almost could.

Could you do this with your vial and syringe?

Mealtime insulin doesn't have to stop you from living your life. No more drawing up to measure the correct insulin dose. No need for refrigeration once it's been used. Humalog KwikPen is truly portable, so you can take it just about anywhere. And it comes prefilled with Humalog mealtime insulin. Ask your healthcare provider if Humalog KwikPen is right for you.

Take the card below to your healthcare provider to ask for a prescription for 5 FREE pens and go to KwikPen.com for more information.

Prescription Humalog is for patients with diabetes to control high blood sugar and should be used with a longer-acting insulin, except when used with sulfonylureas in type 2 diabetes patients. Do not use Humalog during low blood sugar episodes. Low blood sugar, which can occur suddenly, is the most common side effect associated with all insulins. If severe, it can cause seizures and be life threatening. Check your blood sugar as told by your healthcare provider. Humalog starts working faster than other insulins that contain regular human insulin. Take Humalog within 15 minutes before eating or right after eating a meal. Other side effects may include weight gain, low blood potassium, and injection site and allergic reactions. Whole-body reactions are less common but may be life threatening. **Starting or changing insulin therapy should be done cautiously and only under medical supervision.**

You are encouraged to report negative side effects of prescription drugs to the FDA.
Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.

See Patient Information, including storage information, on following page.
For complete instructions, see pen user manual that accompanies the pen.

If you need assistance with prescription costs, help may be available.
Visit www.pparx.org or call 1-888-4PPA-NOW.
Humalog is also available by prescription in the original Humalog Prefilled Pen.

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Humalog® KwikPen™
insulin lispro injection (rDNA origin)

Lilly

Patient Information
Humalog® (HU-ma-log)
insulin lispro injection, USP (rDNA origin)

Important

Know your insulin. Do not change the type of insulin you use unless told to do so by your healthcare provider. Your insulin dose and the time you take your dose can change with different types of insulin.

Make sure you have the right type and strength of insulin prescribed for you.

Read the Patient Information that comes with Humalog before you start using it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your healthcare provider about your diabetes or treatment. Make sure that you know how to manage your diabetes. Ask your healthcare provider if you have questions about managing your diabetes.

What is Humalog?

Humalog is an injectable fast-acting man-made insulin. Humalog is used to control high blood sugar (glucose) in people with diabetes.

Humalog comes in:
- 10 mL vials (bottles) for use with a syringe or external insulin pump
- Prefilled pens
- 3 mL cartridges for use with a reusable pen or external insulin pump

Who should not take Humalog?

Do not take Humalog if:
- your blood sugar is too low (hypoglycemia). After treating your low blood sugar, follow your healthcare provider's instructions on the use of Humalog.
- you are allergic to anything in Humalog. See the end of this leaflet for a complete list of ingredients in Humalog.

Tell your healthcare provider:
- **about all your medical conditions.** Medical conditions can affect your insulin needs and your dose of Humalog.
- **if you are pregnant or breastfeeding.** You and your healthcare provider should talk about the best way to manage your diabetes while you are pregnant or breastfeeding. Humalog has not been studied in pregnant or nursing women.
- **about all the medicines you take, including prescription and non-prescription medicines, vitamins and herbal supplements.** Many medicines can affect your blood sugar levels and insulin needs. Your Humalog dose may need to change if you take other medicines.

Know the medicines you take. Keep a list of your medicines with you to show to all of your healthcare providers.

How should I use Humalog?

Humalog can be used with a syringe, prefilled pen, reusable pen or external insulin pump. Talk to your healthcare provider if you have any questions. Your healthcare provider will tell you the right syringes to use with Humalog vials. Your healthcare provider should show you how to inject Humalog before you start using it.
- **Read the User Manual that comes with your Humalog prefilled pen and the manufacturer's instructions that comes with your external insulin pump. Use Humalog exactly as prescribed by your healthcare provider.**
- **If you have type 1 diabetes, you need to take a longer-acting insulin in addition to Humalog (except when using an external insulin pump).**
- **If you have type 2 diabetes, you may be taking diabetes pills and/or a longer-acting insulin in addition to Humalog.**
- **Humalog starts working faster than other insulins that contain regular human insulin.** Inject Humalog within fifteen minutes before eating or right after eating a meal.
- **Check your blood sugar levels as told by your healthcare provider.**
- Look at your Humalog before using. Humalog should be clear, have no color and look like water. If your Humalog is cloudy, thickened, even slightly colored, or has solid particles or clumps in it, do not use. Return it to your pharmacy for new Humalog.
- Humalog can be mixed with a longer-acting human insulin, but only if you are told to do so by your healthcare provider. If you are mixing two types of insulin, always draw Humalog into the syringe first. Talk with your healthcare provider about how to properly mix Humalog with a different insulin.
- Humalog can be used in an external insulin pump either by withdrawing Humalog from a vial or using a 3 mL Humalog cartridge that is inserted into the pump.
- Humalog was tested with MiniMed®[1] Models 506, 507, and 508 insulin pumps using MiniMed Polyfin®[1] infusion sets. Humalog was also tested with the Disetronic®[2] H-TRONplus®[2] V100 insulin pump (with plastic 3.15 mL insulin reservoir), using the Disetronic Rapid®[2] infusion set.
- A Humalog cartridge used in the D-TRON[2] or D-TRONplus[2] pump, may be used for up to 7 days. Humalog in the external insulin pump reservoir and the complete infusion set should be replaced and a new infusion site selected every 48 hours or less.
- Humalog in an external insulin pump should not be exposed to temperature above 98.6°F (37°C), such as in a sauna or hot tub, hot showers, direct sunlight, or radiant heaters.
- **Inject your dose of Humalog under the skin of your stomach area, upper arm, upper leg, or buttocks. Never inject Humalog into a muscle or vein.**
- **Change (rotate) your injection site with each dose.**
- **Your insulin needs may change because of:**
  - illness
  - stress
  - other medicines you take
  - changes in eating
  - physical activity changes

Follow your healthcare provider's instructions to make changes in your insulin dose.
- **Never dilute or mix Humalog with another insulin in the same prefilled pen, cartridge or external insulin pump.**
- **Always carry a quick source of sugar to treat low blood sugar, such as glucose tablets, hard candy, or juice.**

What are the possible side effects of Humalog?

Low Blood Sugar (Hypoglycemia). Symptoms of low blood sugar include:
- hunger
- dizziness
- feeling shaky or shakiness
- lightheadedness
- sweating
- irritability
- headache
- fast heartbeat
- confusion

Low blood sugar symptoms can happen suddenly. Symptoms of low blood sugar may be different for each person and may change from time to time. Severe low blood sugar can cause seizures and death. Low blood sugar may affect your ability to drive a car or use mechanical equipment, risking injury to yourself or others. Know your symptoms of low blood sugar. Low blood sugar can be treated by drinking juice or regular soda or eating glucose tablets, sugar, or hard candy. Follow your healthcare provider's instructions for treating low blood sugar. Talk to your healthcare provider if low blood sugar is a problem for you.
- **Serious allergic reactions** (whole body allergic reaction). Severe, life-threatening allergic reactions can happen with insulin. Get medical help right away if you develop a rash over your whole body, have trouble breathing, wheezing, a fast heartbeat, or sweating.
- **Reactions at the injection site** (local allergic reaction). You may get redness, swelling, and itching at the injection site. If you keep having injection site reactions or they are serious, you need to call your healthcare provider. Do not inject insulin into a skin area that is red, swollen, or itchy.
- **Skin thickens or pits at the injection site (lipodystrophy).** This can happen if you don't change (rotate) your injection sites enough.

These are not all the side effects from Humalog. Ask your healthcare provider or pharmacist for more information.
- **You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.FDA.gov/medwatch or call 1-800-FDA-1088.**

How should I store Humalog?
- **Store all unopened (unused) Humalog in the original carton in a refrigerator at 36°F to 46°F (2°C to 8°C).** Do not freeze.
- Do not use Humalog that has been frozen.
- Do not use after the expiration date printed on the carton and label.
- Protect Humalog from extreme heat, cold or light.

<u>After starting use (open)</u>:
- **Vials:** Keep in the refrigerator or at room temperature below 86ºF (30ºC) for up to 28 days. Keep open vials away from direct heat or light. Throw away an opened vial 28 days after first use, even if there is insulin left in the vial.
- **Cartridge and Prefilled Pens:** Do not store a cartridge or prefilled pen that you are using in the refrigerator. Keep at room temperature below 86ºF (30ºC) for up to 28 days. Throw away a cartridge or prefilled pen 28 days after first use, even if there is insulin left in the cartridge or the pen.

General information about Humalog

Use Humalog only to treat your diabetes. Do not share it with anyone else, even if they also have diabetes. It may harm them.

This leaflet summarized the most important information about Humalog. If you would like more information about Humalog or diabetes, talk with your healthcare provider. You can ask your healthcare provider or pharmacist for information about Humalog that is written for health professionals.

For questions you may call 1-800-LillyRx (1-800-545-5979) or visit www.humalog.com.

What are the ingredients in Humalog?

Active ingredient: insulin lispro.

Inactive ingredients: glycerin, dibasic sodium phosphate, metacresol, zinc oxide (zinc ion), trace amounts of phenol and water for injection.

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[1] MiniMed® and Polyfin® are registered trademarks of MiniMed, Inc.

[2] Disetronic®, H-TRONplus®, D-TRON®, D-TRONplus and Rapid® are registered trademarks of Roche Diagnostics GMBH.

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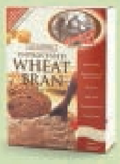
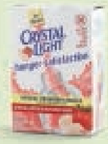
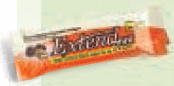
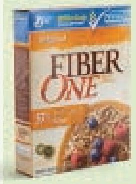
Humalog® (HU-ma-log) insulin lispro injection, USP (rDNA origin) PV 5560 AMP

» Continued from page 24

Fiber is added to a variety of processed foods. Opt for those with nutritional value beyond fiber.

Carb-smart fiber finds

A serving of any of these foods packs 3 or more grams of fiber and counts as one carb choice (about 15 grams of carbs) or less. Plus, they provide antioxidants, vitamins, minerals, and more.

Food product	Nutrition information*	Food product	Nutrition information*
Cascadian Farm Organic Raspberries, frozen	1¼ cups = 70 cal., 16 g carb., 3 g fiber. cascadianfarm.com; $4.59/10-ounce bag	 **Hodgson Mill Unprocessed Wheat Bran**	¼ cup = 30 cal., 10 g carb., 7 g fiber. hodgsonmill.com; $2.04/14-ounce box
 **Crystal Light Hunger Satisfaction Strawberry Banana Drink Mix**	1 packet = 30 cal., 6 g carb., 5 g fiber. crystallight.com; $4.59/10 packets	**Jicama**	1 cup sliced and peeled = 46 cal., 11 g carb., 6 g fiber. melissas.com; 99 cents/pound
Dole Marion Blackberries, frozen	1 cup = 90 cal., 22 g carb., 9 g fiber. dole.com; $3.69/12-ounce bag	**Kellogg's All-Bran Bran Buds**	⅓ cup = 70 cal., 24 g carb.,13 g fiber. allbran.com; $4.69/17.7-ounce box
 **ExtendBar Peanut Butter Chocolate Delight**	1 bar = 150 cal., 21 g carb., 5 g fiber, 6 g sugar alcohol. extendbar.com; $1.39/bar	**Roland Roasted Edamame**	¼ cup = 130 cal., 9 g carb., 7 g fiber. rolandfood.com; $1.99/4.4-ounce bag
Flatout Healthy Grain Multi-Grain Wraps	1 wrap = 100 cal., 17 g carb., 8 g fiber, 1 g sugar alcohol. flatoutbread.com; $3.29/6 wraps	**South Beach Living Fiber Fit Double Chocolate Chunk Cookies**	1 pack = 100 cal., 17 g carb., 5 g fiber, 2 g sugar alcohol. southbeachlivingfoods .com; $3.59/6 packs
 **General Mills Fiber One, Original**	½ cup = 60 cal., 25 g carb., 14 g fiber. fiberone.com; $4.19/16.2-ounce box	**Westbrae Natural Organic Lentils**	½ cup = 100 cal., 17 g carb., 9 g fiber. westbrae.com; $2.09/15-ounce can

*For PWDs using insulin-to-carb ratios to manage blood glucose levels: If a food serving has more than 5 grams of fiber and/or 5 grams of sugar alcohol, you may subtract half the grams of these nutrients from the total carb grams to get your carb count.

gentle reminders

These pill cases will help you stay organized and add a dose of convenience to your medicine regimen.

BY Kayla Craig AND Caitlin Thornton PHOTOS BY Scott Little

Following your doctor's orders is important, but taking pills is easy to forget. Avoid this problem by making medications a habit. Valerie Hogue, R.Ph., CDE, and John O'Brien, M.P.H., from the College of Notre Dame of Maryland School of Pharmacy offer these tips:

Create a plan you can follow. Set an appointment with your health care provider to discuss your needs. "Talk openly about the challenges you face while taking your medication," Hogue says. Your provider may suggest combination pills or a dosing schedule to help you take meds as prescribed.

Simplify your routine. Keep meds in sight so they'll be on your mind.

Use a reminder system. Consider cases with alarms (like the ones shown *opposite*) or products such as pagers available at *epill.com*.

Surround yourself with helpful people. "Pharmacists know good medicine-taking behavior is linked with a supportive environment," O'Brien says. Enlist the help of friends and family, join a local diabetes support group, or participate in online communities.

Reward yourself. After a month of following your routine, treat yourself to that book you've wanted to read or whip up a healthful recipe.

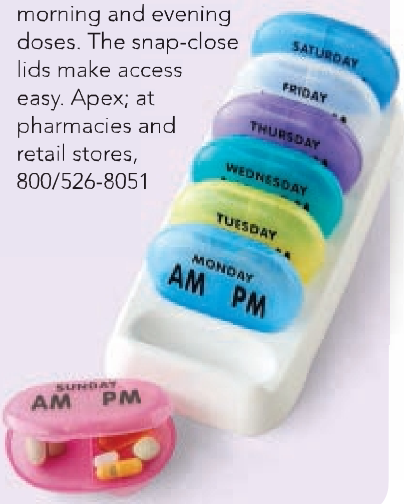
> "A study indicated the best way to remember to take pills was to have reminders that you can see and hear."
>
> *—John O'Brien, M.P.H.*

Stack pack The 7-Day Stackable Pill Reminder ($11.39) organizes a week's worth of medications. The compartments screw together to make a stackable unit. An extra cap is included for when you're on the go. Apothecary; 877/829-8024; *insulincase.com*

Photo realism The retro graphic and highly polished finish of the "Laughter is the best medicine" novelty pill box ($16.07) keep this case looking pretty. Inside, find a mirror and three small sections. Imported; 877/367-4382; *forgettingthepill.com*

Locking dispenser This Automatic Pill Dispenser ($69.98) is designed for complicated medication schedules and stays locked until it's time for the designated dose. Batteries are included. MED-E-LERT; 877/829-8024; *insulincase.com*

Color therapy This colorful Pocket Med Pack with 7-Day Tray ($8.40) allows you to organize your medications for a week. The individual holders are portable and split into compartments for morning and evening doses. The snap-close lids make access easy. Apex; at pharmacies and retail stores, 800/526-8051



Silent reminder You can set up to seven daily vibrating alarms with the 7 Alarm Vibrating Pillbox & Daily Organizer ($45.95). It includes a backlight and easy-open latch. The timer can be carried separately, and batteries are included. VitaCarry; 800/549-0095; *epill.com*

Gentle curves The shapely Weekly Pill Turtle XL with Clock ($13.99) organizer has an easy-to-read timer, large buttons, and a helpful backlight. An alarm reminder can be set up to four times a day. Batteries are included. Apex; at pharmacies and retail stores, 800/526-8051

Digital timer
The 100-hour Pillminder ($10.95) has a digital timer and fits easily into a pocket or purse. Medicool, Inc.; 800/433-2469; *medicool.com*

Week at a glance Arrange a week's worth of pills by morning, noon, evening, and bedtime in the 7-Day MediPlanner ($9.48). See-through lids let you see which dose is next. Apex; at pharmacies and retail stores, 800/526-8051

Practical neckwear This Fashion Timer pill box ($19.99) has a slide-open case and a lanyard. Batteries are included for the timer, which counts down to the next dose. 877/367-4382; *forgettingthepill.com*

missing something?

Even the most committed person with diabetes may forget to take blood glucose-lowering medication on occasion. Here's how to cope if you've skipped a dose.

BY Susan B. Sloane, R.Ph., CDE, CPT

Life happens—which means occasionally you may forget a dose of your blood glucose-lowering medication. Whether this is a result of a temporary memory glitch or a delay in a prescription refill, don't panic. Different classes of medications for the treatment of insulin resistance and high blood glucose work differently, so familiarize yourself with the guidelines for the specific medications you take.

It is crucial to never double a dose to make up for a missed dose. Doubling up doses greatly increases the risk of low blood glucose. Refer to the following guidelines for general information; ask your health care provider for specific directions if you miss a dose.

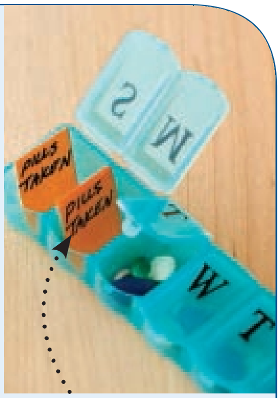
Memory aids

When it comes to taking medications (and people with diabetes often take several), consider these helpers:

Set an alarm. Program your cell phone, watch, or alarm clock as a reminder to take your medication at the prescribed time. For discreet warnings, set the alarm to vibrate.

Use a pill case. Organize medications in a pill container (see page 28 for examples) to remind yourself to take them and avoid doubling up on doses.

Keep medications handy. Place your medications on a surface you regularly look at, such as your nightstand. Or place them near an object you use every day, such as your toothbrush. Use locking containers if there are children or pets in your house.



Double reminder: If empty compartments make you think you've missed something, place an adhesive tab in the case after you take a dose.

Continued on page 33 »

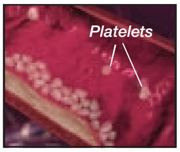
opener photo: ADAM ALBRIGHT; pill case photo: JASON DONNELLY

PLAVIX can help save lives for those who've had a heart attack caused by a completely blocked artery.

Without PLAVIX

Clots that block off arteries are the main cause of heart attack. And now that you've had a heart attack you are at a greater risk of having another that can be fatal. That's why your doctor may put you on PLAVIX, along with your other heart medicines. Taking PLAVIX with your other heart medicines goes beyond what other heart medicines alone can do to keep blood platelets from sticking together and forming dangerous clots.

With PLAVIX



Important Safety Information: People with stomach ulcers or other conditions that cause bleeding should not use PLAVIX. Taking PLAVIX alone or with some other medicines, including aspirin, may increase bleeding risk, so tell your doctor when planning surgery. Certain genetic factors and some medicines, such as Prilosec, may affect how PLAVIX works. Tell your doctor all the medicines you take, including aspirin, especially if you've had a stroke. If fever, unexplained weakness or confusion develops, tell your doctor promptly. These may be signs of TTP, a rare but potentially life-threatening condition, reported sometimes less than 2 weeks after starting PLAVIX. Other rare but serious side effects may occur.

Ask your doctor how PLAVIX can help increase your protection against future heart attack, stroke, and even death.

To learn more about heart attacks and PLAVIX, visit www.plavix.com or call 1-800-436-3651.

You are encouraged to report negative side effects of prescription drugs to the FDA. Visit www.fda.gov/medwatch, or call 1-800-FDA-1088.

See important product information on the following page.

If you need help paying for prescription medicines, you may be eligible for assistance. Call 1-888-4PPA-NOW (1-888-477-2669), or go to www.pparx.org

Partnership for Prescription Assistance

ONCE-A-DAY

Plavix®

(clopidogrel bisulfate) 75mg tablets

sanofi aventis Bristol-Myers Squibb US.CLO.09.12.033/December 2009 264US09AB52706 sanofi-aventis U.S. LLC

Protection that helps save lives.

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PLAVIX **Rx Only**

(clopidogrel bisulfate) tablet, film coated

WHO IS PLAVIX FOR?

PLAVIX® (clopidogrel bisulfate) is a prescription-only medicine that helps keep blood platelets from sticking together and forming clots.

PLAVIX is for patients who have:
- had a recent heart attack.
- had a recent stroke.
- poor circulation in their legs (Peripheral Artery Disease).

PLAVIX in combination with aspirin is for patients hospitalized with:
- heart-related chest pain (unstable angina).
- heart attack.

Doctors may refer to these conditions as ACS (Acute Coronary Syndrome).

Clots can become dangerous when they form inside your arteries. These clots form when blood platelets stick together, forming a blockage within your arteries, restricting blood flow to your heart or brain, causing a heart attack or stroke.

WHO SHOULD NOT TAKE PLAVIX?

You should NOT take PLAVIX if you:
- are allergic to clopidogrel (the active ingredient in PLAVIX).
- have a stomach ulcer.
- have another condition that causes bleeding.
- are pregnant or may become pregnant.
- are breast feeding.
- have certain genetic factors.

WHAT SHOULD I TELL MY DOCTOR BEFORE TAKING PLAVIX?

Before taking PLAVIX, tell your doctor if you're pregnant or are breast feeding, if you are taking any other drugs or if you have any of the following:
- gastrointestinal ulcer
- stomach ulcer(s)
- liver problems
- kidney problems
- a history of bleeding conditions

WHAT IMPORTANT INFORMATION SHOULD I KNOW ABOUT PLAVIX?

Genetics: People with a specific genetic makeup may get less protection against heart attack or stroke with PLAVIX.

Drug interactions: Some medicines, such as Prilosec, may affect how PLAVIX works. Tell your doctor all the medications you are taking, including prescription or over-the-counter medications. You should tell your doctor about any other medications you are taking, including prescription or over-the-counter Prilosec (omeprazole). Taking Prilosec with PLAVIX may reduce the effect of PLAVIX. Antacids and most H2 blockers, except Tagamet (cimetidine), are not known to interfere with how PLAVIX works.

TTP: A very serious blood condition called TTP (Thrombotic Thrombocytopenic Purpura) has been rarely reported in people taking PLAVIX. TTP is a potentially life-threatening condition that involves low blood platelet and red blood cell levels, and requires urgent referral to a specialist for prompt treatment once a diagnosis is suspected. Warning signs of TTP may include fever, unexplained confusion or weakness (due to a low blood count, what doctors call anemia). To make an accurate diagnosis, your doctor will need to order blood tests. TTP has been reported rarely, sometimes in less than 2 weeks after starting therapy.

Gastrointestinal Bleeding: There is a potential risk of gastrointestinal (stomach and intestine) bleeding when taking PLAVIX. PLAVIX should be used with caution in patients who have lesions that may bleed (such as ulcers), along with patients who take drugs that cause such lesions.

Bleeding: You may bleed more easily and it may take you longer than usual to stop bleeding when you take PLAVIX alone or in combination with aspirin. Report any unusual bleeding to your doctor.

Geriatrics: When taking aspirin with PLAVIX the risk of serious bleeding increases with age in patients 65 and over.

Stroke Patients: If you have had a recent TIA (also known as a mini-stroke) or stroke taking aspirin with PLAVIX has not been shown to be more effective than taking PLAVIX alone, but taking aspirin with PLAVIX has been shown to increase the risk of bleeding compared to taking PLAVIX alone.

Surgery: Inform doctors and dentists well in advance of any surgery that you are taking PLAVIX so they can help you decide whether or not to discontinue your PLAVIX treatment prior to surgery.

WHAT SHOULD I KNOW ABOUT TAKING OTHER MEDICINES WITH PLAVIX?

You should only take aspirin with PLAVIX when directed to do so by your doctor. Certain other medicines should not be taken with PLAVIX. Be sure to tell your doctor about all of your current medications (prescription or over-the-counter), especially if you are taking the following:
- aspirin
- nonsteroidal anti-inflammatory drugs (NSAIDs)
- warfarin
- heparin
- heartburn or stomach ulcer medicines, like Prilosec

Be sure to tell your doctor if you are taking PLAVIX before starting any new medication.

WHAT ARE THE COMMON SIDE EFFECTS OF PLAVIX?

The most common side effects of PLAVIX include gastrointestinal events (bleeding, abdominal pain, indigestion, diarrhea, and nausea) and rash. This is not a complete list of side effects associated with PLAVIX. Ask your doctor or pharmacist for a complete list.

HOW SHOULD I TAKE PLAVIX?

Only take PLAVIX exactly as prescribed by your doctor. Do not change your dose or stop taking PLAVIX without talking to your doctor first.

PLAVIX should be taken around the same time every day, and it can be taken with or without food. If you miss a day, do not double up on your medication. Just continue your usual dose. If you have any questions about taking your medications, please consult your doctor.

OVERDOSAGE

As with any prescription medicine, it is possible to overdose on PLAVIX. If you think you may have overdosed, immediately call your doctor or Poison Control Center, or go to the nearest emergency room.

FOR MORE INFORMATION

For more information on PLAVIX, call 1-800-633-1610 or visit www.PLAVIX.com. Neither of these resources, nor the information contained here, can take the place of talking to your doctor. Only your doctor knows the specifics of your condition and how PLAVIX fits into your overall therapy. It is therefore important to maintain an ongoing dialogue with your doctor concerning your condition and your treatment.

Distributed by:
Bristol-Myers Squibb/Sanofi Pharmaceuticals Partnership
Bridgewater, NJ 08807

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CLO-BSC-SA-OCT09

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Blood glucose-lowering pills

Scan this chart for the names of medications you take, how they work to lower blood glucose levels, and general guidelines for what to do about a missed dose. Call your provider for specific information.

Drug class/name	How it works	Forgot a dose?
Biguanides The best-known drug in this class is metformin (Glucophage), the gold standard of type 2 diabetes treatment. Prescriptions often start at 500 mg once or twice a day and may increase to 1,000 mg.	Biguanides, used to combat insulin resistance, lower blood glucose by acting to slow the release of glucose by the liver.	Take with a meal as soon as remembered. If within 3–4 hours of the next dose, skip the missed dose and take the next dose as scheduled with your meal.
Sulfonylureas Drugs in this class include glimepiride (Amaryl), glipizide (Glucotrol), and glyburide (Diabeta, Micronase). People take one of these drugs once or twice daily, at the same meal or meals each day.	Sulfonylureas work to lower blood glucose levels by increasing the amount of insulin released from the pancreas.	Take as soon as remembered, as long as it is within 3–4 hours of the normal dosage time. If within 4 hours of the next dose, skip the missed dose and take the next dose as scheduled with your meal.
Thiazolidinediones TZDs include pioglitazone (Actos), taken once daily, and rosiglitizone (Avandia), taken once or twice daily. They typically require 8–12 weeks to reach maximum effectiveness.	TZDs act to improve insulin sensitivity in the liver, muscles, and fat and can lower triglyceride (a type of blood fat) levels.	Take as soon as possible within 8 hours of the missed dose (if on a once-daily schedule). If it is almost time for the next dose, skip the missed dose and take the next dose as scheduled.
Dipeptidyl peptidase 4 inhibitors DPP-4 inhibitors include saxagliptin (Onglyza) and sitagliptin (Januvia). Either can be taken at any time with or without food, preferably at the same time every day.	By increasing levels of incretin hormones, these drugs increase insulin release and sensitivity and decrease the rate of gastric emptying.	Take as soon as possible within 8 hours of the missed dose. If it is almost time for the next dose, skip the missed dose and take the next dose as scheduled.
Meglitinides Main members of this class of medications are nateglinide (Starlix) and repaglinide (Prandin). They are taken up to 30 minutes before meals. They are faster in onset and shorter in duration than sulfonylureas.	Meglitinides are designed to increase insulin secretion. The way they work is similar to sulfonylureas.	Skip the missed dose and continue with the regular dosing schedule before meals. Do not double up on doses because this could lead to low blood glucose.
Alpha glucosidase inhibitors The most common members of this class are acarbose (Precose) and miglitol (Glyset). They are most effective at lowering high blood glucose when taken after meals, 3 times a day.	Alpha glucosidase inhibitors act by blocking an enzyme that breaks down glucose and the subsequent absorption of carbohydrate after meals.	Take as soon as remembered. If it is more than 3 hours since your meal, skip the missed dose. Resume the normal dosing schedule with your next meal.

Continued on page 34

» Continued from page 33

> "For a person with type 2 diabetes who forgets a dose, it's usually best to wait until your next scheduled dose of oral medication or insulin to reduce the risk of low blood glucose. But always check with your health care provider for clarification."
>
> *—Cindy DeBartolo, R.D., CDE*

Combination pills combine two blood glucose-lowering medications. If you miss a dose, don't double up. Instead, take the next dose as scheduled.

Injectables

Here's what to do if you miss taking common diabetes injectables:

Exenatide

Exenatide (Byetta) acts to increase glucose-dependent insulin release, slow gastric emptying, and suppress excessive glucagon release. It is typically injected twice daily within 60 minutes prior to morning and evening meals.

Forgot it? Skip the missed dose and resume the normal dosing schedule with the next meal. Never double a dose to make up the missed dose.

Insulin, long-acting (background/basal)

Long-acting insulins include glargine (Lantus), detemir (Levemir), and NPH (Humulin N).

Long-acting insulin given at bedtime helps to reduce fasting blood glucose levels. A long-acting insulin is usually the first insulin initiated to treat type 2 diabetes and is typically taken once (bedtime) or twice (morning and bedtime) each day.

Forgot it? If a missed dose is remembered within 2 hours, take the normal dose. If a dose is missed but remembered 3 or more hours later, take a smaller amount of insulin as directed by your health care provider. Do not double up doses.

Insulin, rapid-acting (mealtime/bolus)

Common examples of rapid-acting or mealtime insulins are aspart (Novolog), glulisine (Apidra), and lispro (Humalog).

Rapid-acting insulin is added to a long-acting insulin regimen to cover the blood sugar spikes associated with eating meals. It also is used solo in insulin pumps. Rapid-acting insulin is given up to 30 minutes before a meal or right after the first bite.

Forgot it? If a missed dose is remembered within 1 hour of a meal, proceed with the normal dose. Within 2 hours of a meal, take 75 percent of the normal dose. Within 3 hours of a meal, take 50 percent of the normal dose. Or check your blood sugar; if it is high, use a correction factor established by your health care provider to determine a dose. Repeat blood glucose checks as needed. To prevent low blood glucose, avoid doubling up doses (also called stacking insulin).

Susan Sloane, a registered pharmacist, is a diabetes education consultant and an insulin pump trainer.

syringe photo: BLAINE MOATS

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let's get together

It's not healthy to face your diabetes alone. Join a support group to connect with people who truly can understand, motivate, and encourage you.

BY Winnie Yu

Lori Bohall knew for years that she had insulin resistance (prediabetes). But that meant little to her until last year, when she began regaining weight she'd lost. Her feet ached, and she sank into depression. Her doctor said she had type 2 diabetes. An invitation from her health coach to join a diabetes class was the wake-up call Lori needed. The class provided a wealth of information, and she was inspired by others who talked openly about their experiences with diabetes.

"Learning from others who have had success with managing their diabetes made me want to come on board and really get in the game," says Lori, 43, of Indianapolis. Lori also began to feel as if she owed it to the group to do her best at managing her health. "I find myself thinking about my class buddies as I work on my program each day," she says. "Knowing they are doing all it takes to be healthy inspires me." She's even made new friends through the group, including a walking buddy.

It takes a village

Getting together with other people with diabetes (PWDs) can make a big difference in how well you take care of yourself. Studies have shown that people who participate in activities with others have better control of blood sugars, better quality of life, and less depression than people who don't. "The research about diabetes, and chronic illness in general, clearly indicates that support from others enhances self-care," says John Zrebiec, M.S.W., CDE, director of behavioral health services at the Joslin Diabetes Center in Boston and a member of the *Diabetic Living* editorial advisory board. "Likely that is just a natural human response to being able to share the burden."

Participating in a support group can help you:

Feel connected. Identifying with a group relieves the feeling of isolation that often comes with diagnosis. "Even though family and friends love you and try to help, they really can't fully understand what it is like for you as well as someone who has it," says Martha Funnell, R.N., CDE, a research investigator at the Michigan Diabetes Research and Training Center in Ann Arbor and chair of the National Diabetes

Continued on page 38 »

photo: VEER

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† The information provided by the team of Diabetes Educators is for general background purposes and is not intended as a substitute for medical diagnosis or treatment by a trained professional. You should always consult your physician about any health care questions you may have, especially before trying a new medication, diet, fitness program, or approach to health care issues.

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A Promise for Life

Continued from page 36 »

> "Being with other people with diabetes makes me aware of new ideas, regimen changes, and habits that might affect my diabetes."
>
> *—Josh Bowen, PWD type 1*

Education Program. "A word many of my patients use is 'isolating.'" Spending an hour with other people who deal with the challenges of diabetes helps you feel less alone.

Overcome self-blame. Getting together with others can help you get over the shame that many PWDs experience. In fact, many people who arrive at support groups haven't come to terms with the disease, says Nora Norback, R.D., CDE, a nutrition educator at Kaiser Permanente Northern California in Richmond. "It's a huge step just to get there," she says. "They see, 'Gee, there are other people who have this disease.'"

Gain a new outlook. Other people can offer fresh perspectives on something that may be troubling you, such as starting insulin. "The individual often feels as if [she] failed, that [her] diabetes is getting worse," Norback says. "But someone else could say, 'I can't believe how much better my blood sugar is after going on insulin,' or 'I thought it would hurt, and I didn't even feel it.'"

Learn acceptance. "When you go to a group and hear other people talking, it breaks through the denial and helps with acceptance," says Sharon Movsas, R.D., CDE, a diabetes nutrition specialist at the Clinical Diabetes Center at Montefiore Medical Center in New York City. "It helps you be more compassionate with yourself. Acceptance and awareness are two major steps to action."

Support-group etiquette

Ready to attend a support group for diabetes? Here are tips for minding your Ps and Qs.

DO open up and share stories about yourself, including challenges you're facing and successes you've enjoyed.

DON'T monopolize the conversation.

DO offer support to others in the group.

DON'T judge what others say or share their medical information with people outside the group.

DO ask questions, however minor they might seem, because chances are you're not the only one with those issues.

DON'T focus only on the negatives of living with diabetes.

Examine cause and effect. Josh Bowen, 27, PWD type 1, of Atlanta participates in a Juvenile Diabetes Research Foundation International support group, where many of the discussions center on how changes in lifestyle or circumstances can affect diabetes. "Diabetics don't really see a habit change until we're forced to reassess why something specific is occurring," Josh says. "Being with other people with diabetes makes me aware of new ideas, regimen changes, and habits that might affect my diabetes."

Finding the right fit

Find a support group through your diabetes educator, local hospital, or diabetes organization, such as the American Diabetes Association **(diabetes.org).** Before deciding on a group, attend a few meetings to make sure it's a good fit.

Join in by talking and asking questions. "I found it helpful to share my experiences," says Bob Hawkinson, 46, PWD type 1, of Fleming Island, Florida. "When you teach others, you learn from them and you reaffirm what you are doing."

If you're the quiet type, be mentally present, listening to others. And go into a group with a positive attitude. "It's not a pity party," Norback says. "You have to keep in mind that you're going for support and have hope about it."

The best support groups promote active self-care. "Some groups spend a lot of time talking about how unfair it is that they have diabetes and cannot eat what they want," says Elizabeth Lombardo, Ph.D., a psychologist and physical therapist in Wexford, Pennsylvania. "Focusing only on this prevents more active problem solving and taking charge of your health."

photo: KRITSADA

Online connections

In addition to support groups you physically attend, another type of group operates 24/7: social networks with message boards, forums, and interest groups.

A study by clinical social worker John Zrebiec, M.S.W., CDE, of the Joslin Diabetes Center in Boston found that 75 percent of people who engaged in an online discussion board rated their participation as having a positive effect on their ability to cope with diabetes, and 71 percent said it made them feel more hopeful.

Some cautions: Online discussions are essentially anonymous, so don't believe everything you see or read. The content is not usually reviewed by medical professionals; ask your provider before making any changes to your treatment. When you register to participate in a social network, read the rules of conduct and FAQs. Each group has its own flavor and etiquette.

A few of our favorite diabetes social networks:

- Diabetes Daily, **diabetesdaily.com**
- American Diabetes Association message boards, **diabetes.org**
- Juvenile Diabetes Research Foundation International's Juvenation, **juvenation.org** (for type 1 diabetes)
- TuDiabetes, **tudiabetes.org**

For more communities, check **thediabetesresource.com.**

People with diabetes are sharing (typos and all) on Twitter, **twitter.com.** Type #bgnow into the search box to see posts about blood glucose results, *below;* #diabetes for general commentary.

KellyRawlings 92 **#bgnow** pre-lunch: grilled cheese, 1 cup veggies, small rosemary-currant cookie. Feeling virtuous in face of holiday megatreats at office.
11 minutes ago from web

iam_spartacus **#bgnow** 109. feels like 309. can I still blame the weather?
1 hour ago from Echofon

v6shell Whoo, just had a pinky-finger blood squirt fountain.. **#bgnow** = = 239 mg/dL @11:25 ..At least, there's pretty snow stuff outside =)
about 2 hours ago from identica

FatCatAnna **#bgnow** 3.0 mmol/l - havent had time to play around with early a.m. basal yet - sigh - my things to do list is getting bigger **#diabetes**
about 3 hours from web

lucosemyglucose Having a great morning! **#bgnow** 150. And on time! Off to school!
about 8 hours ago from Twitterrific

Winnie Yu is a health writer who has previously written stories about saving money on prescriptions and tips for caregivers of people with diabetes.

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All-natural ALMASED is a unique blend of high-quality soy, yogurt and honey-enzymes — with a low glycemic index (27) and a very low glycemic load (between 3 & 4) — making it a safe and effective diet supplement for just about everyone — including people with diabetes.

ALMASED has an excellent effect on the fat burning process in the body, improving metabolism and strengthening the immune system.

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The answer has to do with the correlation between insulin and fat. Insulin is a hormone that regulates the metabolism of fat and carbohydrates in the body. We all need insulin in our bodies. However, with high insulin levels, body fat accumulates in fat cells and simultaneously blocks the breakdown of fat. This can be why people with diabetes can have difficulty losing weight.

When a person is overweight with excess abdominal fat, it is possible that their blood insulin level will permanently elevate. Permanently high insulin levels prevent fat oxidation and block fat loss while inducing fat production and fat storage. This can be the reason why obesity increases the risk of developing diabetes.

Along with obesity, the incidence of diabetes has ballooned in the United States. There are 1 million new cases diagnosed each year — as more Americans become OVERWEIGHT— according to a study released by the American Diabetes Association.

The low glycemic load of ALMASED can lead to a more efficient fat burning process and vastly improved blood sugar levels.

Almased is also available in health food stores. Check your local health food store for availability. For more information on Almased, to order, or for the location of a health food store near you, visit **www.almased.com**

Many People Live In Doubt That They Can Maintain Their Weight Loss. We Change Their Minds.

Weight loss starts in your head with a hormone called Leptin. Leptin plays a major role in the satiety regulation of the brain (telling your body that you're full) and in the fat burning process. In people who are overweight, these mechanisms are impaired. When weight is lost, particularly in the abdominal area, the satiety and fat burning process of the brain are typically normalized.

A diet incorporating Almased can lead to more weight loss, particularly in the abdominal area. This means that through the Almased Synergy Diet the satiety regulation of the brain as well as the fat burning process can be regulated much more effectively.

Take Control Of Your Weight, Your Health And Your Life With ALMASED!

Diabetes is a growing problem in the United States and has a direct link with obesity. But what if you have diabetes and want to lose fat while maintaining muscle mass? With the ALMASED Synergy Diet, you can accomplish both.

As a weight loss supplement, Almased presents the opportunity to ingest a vegetable protein of high biological value that will be ideally metabolized. As a result, blood sugar levels improve and fat loss accelerates.

If you're overweight or have diabetes and are struggling to maintain your weight, ALMASED can help you lose weight safely and effectively.

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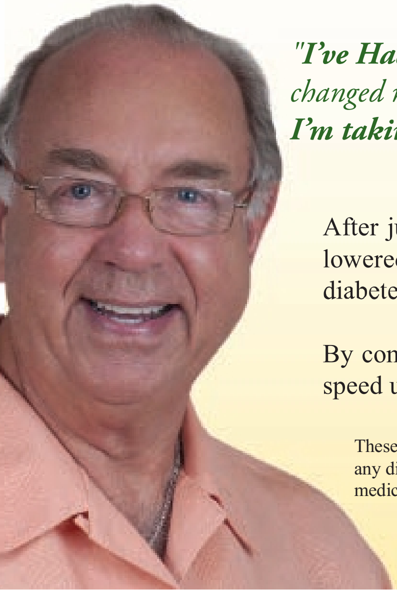


*"**I've Had Diabetes For 6 Years.** My glucose was 265. My cholesterol and triglycerides were high. I changed my diet and turned to ALMASED. Two years later **My Doctor Said: 'Congratulations, I'm taking you off your diabetes medication.'**"*

Carlton Williams, *Almased Customer*

After just two years of supplementing his diet with ALMASED, Carlton Williams lost 42 pounds, and lowered cholesterol, triglycerides and fasting sugar to within normal range. As a person diagnosed with diabetes, Carlton had a difficult time losing weight, because of a slow metabolism.

By combining the ALMASED Synergy Diet with healthy foods and daily exercise, Carlton was able to speed up his metabolism, lose weight and change his health and his life!

These statements have not been evaluated by the Food and Drug Administration. This product is not intended to diagnose, treat, cure or prevent any disease. As always, consult your doctor or health care team before beginning any weight loss program or reducing your dosage of current medications.

around-the-house moves

Sorting recyclables? Unpacking groceries? Brushing teeth? Turn everyday activities into an exercise program with these simple moves.

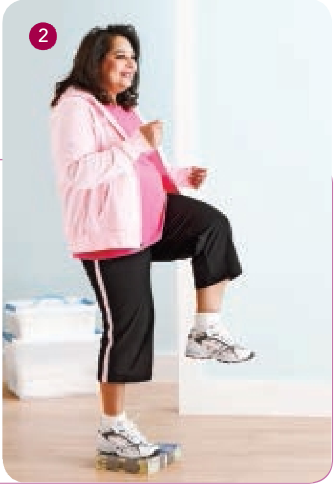
By Irene Lewis-McCormick, M.S., CSCS

1

Start getting more physical activity by doing the things you already do! Getting started is easy—and requires no gym or fancy equipment. Using your body weight and a few simple household objects (phone books, canned goods, towels) as exercise equipment, you can seamlessly slot short bursts of physical activity into your routine.

By the book

Use an old phone book (more than one if they're thin) for step aerobics, a quick cardio workout. Wrap masking or duct tape around the book to create a safe, firm, nonskid step.



2

Step aerobics

1. Step onto and down from the phone book for several minutes.
2. Do a few knee lifts or low front kicks for variety. Turn on some fun music to keep a brisk pace. You can burn 100 calories in 10–15 minutes, depending on how fast you move.

Step on a phone book for a burst of activity that works your lungs and heart.

Cans in hand

Canned foods can be used as inexpensive hand weights. Hold the cans and perform 15–20 repetitions of each of these four exercises, one set after the other, two or three times each week. Doing these arm-and-shoulder exercises in quick progression can improve your arm tone in a matter of days.

Bicep curls

Stand with feet shoulder width apart. Hold a can in each hand with your palms facing forward and your elbows at your sides. Bring hands toward your chest, bending arms at the elbows and flexing the bicep muscles along the insides of your upper arms. Lower cans slowly. Do 15–20 repetitions.

Shoulder raises

Stand with feet shoulder width apart. Hold a can in each hand with arms at your sides. Raise arms to shoulder height with palms facing forward. Lower cans to starting position. Do 15–20 repetitions.

The cans serve as affordable hand weights.

Overhead press

1. Stand with feet shoulder width apart. Holding the cans with palms facing forward, bend arms at the elbows until cans are in line with your shoulders about ear level.
2. Push the cans above your head, then return your arms to starting position. Do 15–20 repetitions.

Tricep kick-backs
Stand with feet shoulder width apart; bend your torso forward slightly, flexing your knees. Hold the cans, palms facing in, and extend arms toward the floor. Raise your arms behind you as far as is comfortable; do not bend elbows. Do 15–20 repetitions.

After doing all four arm moves, gently rotate your wrists to keep them loose and comfortable.

Healthy squats
You likely bend dozens of times a day reaching for things. Turn those bends into squats, which strengthen leg muscles and reduce the risk of osteoporosis and arthritis. When you squat, keep your upper body and spine straight with your weight on your heels and feet; flex from the knees and hips. Repeat the squat five times; squat several times daily.

Towel off

Towels provide soft, flexible supports and guides.

Towel squats

1. Stand with feet shoulder width apart. Hold a hand towel, pulling the towel tight, and extend your arms in front of your body.

2. Raise the towel above your head as you sit back into a squat. Lower your arms as you rise. Do 10–15 repetitions.

Towel crunches

1. Lie down on a bath towel folded lengthwise. Position the towel under your spine and neck with a portion extending past your head so you can reach back and hold the end with both hands. Bend your knees with your feet on the floor.

2. Flex your torso up from the waist, using the towel to raise your head and shoulders while stabilizing your neck. Return to starting position. Do 15–20 repetitions.

Towel push-ups

1. Place a folded bath towel on the floor under your chest. From a bent-knee position, place your hands on the towel, shoulder width apart.

2. Lower your chest toward the towel and then push up to starting position. Repeat as many times as you can, using the towel as a guide.

Even brushing your teeth can provide an exercise opportunity.

Heel raises

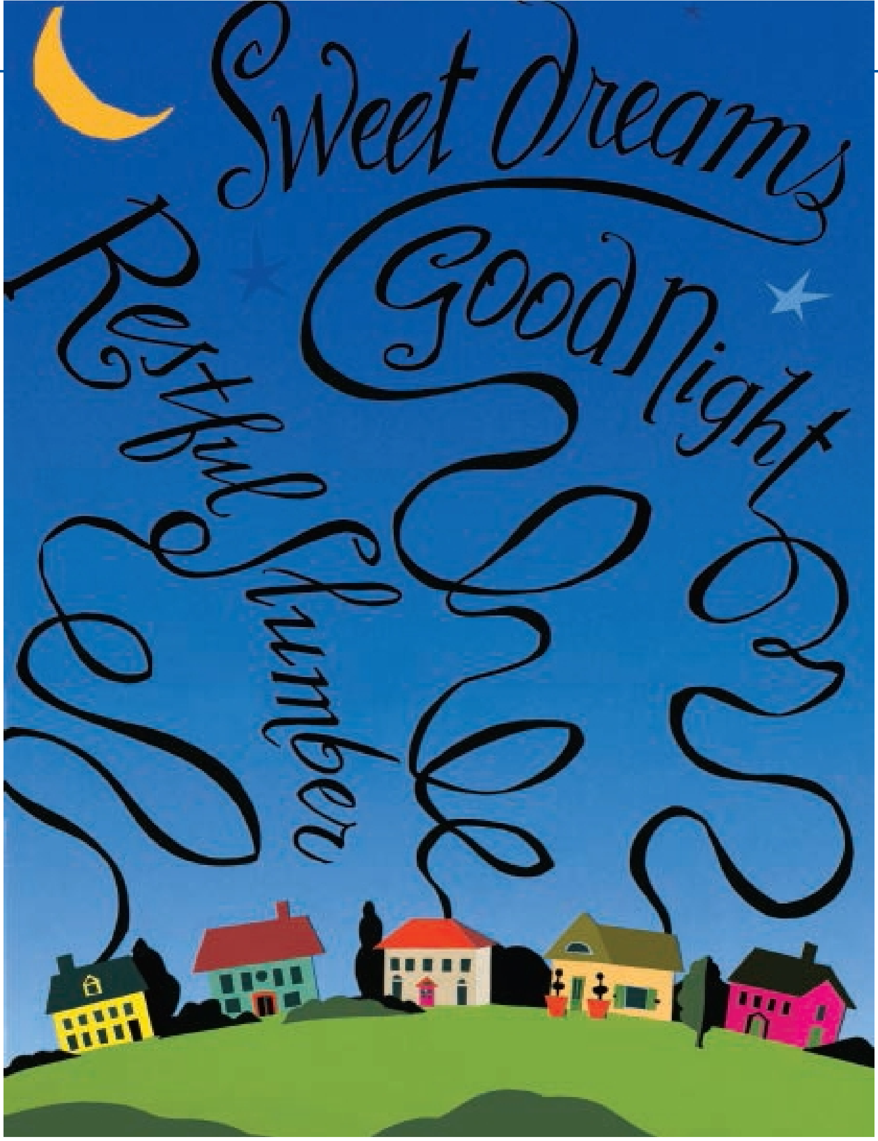
While brushing your teeth (or washing your hands or rinsing dishes), raise your heels. Rest one hand on the sink or counter for balance, if necessary. This exercise will strengthen your calves and exercise your feet and ankle joints. This is an important movement pattern, especially for people with lower-body edema (swelling) and weak ankle joints. The muscles act as pumps to increase the blood and lymph flow, which can help decrease swelling. The exercise increases lower-leg and ankle strength. Do 10–15 repetitions.

Irene Lewis-McCormick, M.S., CSCS, is a nationally recognized fitness expert.

a better bedtime story

Falling asleep may be easy if you have sleep apnea—staying in deep slumber is the problem. This sleep disorder, linked with diabetes, can make blood glucose control difficult. Treatment can give you a happy ending.

BY Marie McCarren
ILLUSTRATIONS BY Linda Fountain



Here's how the story starts: You fall asleep. A little while later, someone nudges you awake. You go back to sleep. As you get into a deep sleep, you're nudged again. Sleep, nudge, sleep, nudge. All night long.

You might start the next day with a headache. Snap at your family over breakfast. Have trouble concentrating at work. Doze off unexpectedly in mid-conversation.

Obstructive sleep apnea (OSA) is a common nighttime foe linked to type 2 diabetes. If you have OSA, you're nudged awake many times each night. It's your body, fighting for air. And sleep apnea may be one explanation for difficulty in controlling blood glucose and blood pressure levels.

"We use correction of sleep apnea as a tool in controlling diabetes." *—Arvind Cavale, M.D.*

Open-and-shut case

With OSA, something partly or completely blocks your airway when you're asleep. It could be your tongue. It could be the soft tissues in the back of your throat relaxing too much. Snoring is a sign that air is being forced past a partial blockage. With a complete blockage, you come out of a deep sleep or even wake up completely as you gasp for air. You fall back asleep, but your airway soon gets blocked again. This could happen hundreds of times a night. You may not be aware of these episodes, but you feel the consequences.

Struggling for air may put your body into fight-or-flight mode, releasing stress hormones that can raise blood glucose levels. Feeling tired may also prevent you from exercising and may encourage you to snack to stay awake.

Endocrinologist Arvind Cavale, M.D., of Feasterville, Pennsylvania, recommends sleep studies for about 60 percent of his patients with type 2 diabetes. Cavale says treating sleep apnea reduces insulin resistance, improves alertness and motivation, and leads to more stable blood

glucose levels. "We use correction of sleep apnea as a tool in controlling diabetes," he says.

Diagnosis

Maybe you've chalked up your symptoms to your diabetes, age, or job stress. With an overnight sleep study, your doctor can find out if you have sleep apnea. Your doctor may order in-home monitoring or refer you to a sleep center. Check your insurance plan—it may require you to go to a certain sleep center.

At the sleep center, a technician will tape sensors to your body and leave you alone to sleep. Electrodes on your scalp measure your brain waves, which show when and how long you sleep. Sensors near your eyes detect how long you are in REM (restorative) sleep. A sensor on the tip of your finger records whether your blood's oxygen levels drop. Your heart rate, breathing rate, and the flow of air through

CPAP: Give sleep a chance

When Harry met Sally, Sally thought Harry was intolerable. Over time, she began to see his good points, fell in love, and lived happily ever after.

Many users of a common sleep apnea device experience a similar evolution. Ken Russell, PWD type 2, of Burlington Township, New Jersey, got his first continuous positive airway pressure (CPAP) machine two years ago. "I almost threw it away," he says.

Ken learned about sleep apnea at a diabetes seminar. He had two of the prime symptoms: loud snoring and poor sleep. "I would wake myself up and be uncomfortable," he says. "For years, I really never did get a full night's sleep."

Studying sleep

Ken's doctor referred him to a sleep center. Ken had a two-part sleep study. The technician attached myriad sensors and monitored Ken's sleep for a few hours. It was obvious Ken had sleep apnea. The technician then fitted Ken with a breathing mask attached to a CPAP machine and told him to go back to sleep. The technician remotely adjusted the settings on the CPAP machine using feedback from the monitors. All this information went to Ken's doctor, who prescribed at-home CPAP therapy.

Making adjustments

A medical equipment company delivered a CPAP machine and mask to Ken's home and showed him how to use it. Ken tried it for a week and called the company. "I said, 'This isn't going to work. Come back and pick it up.'"

A technician came the next day and made some adjustments, including increasing the ramp time, which is how long the machine takes to build up to the air pressure you need when you're asleep. If you fall into a deep sleep quickly, you need a short ramp time. Ken needed a longer ramp time.

The technician also suggested Ken wear a chin strap to keep his mouth closed. That didn't work. "I had slept with my mouth open for 64 years," Ken says. "I tried a chin strap, but I felt like I was in a football helmet."

Happily ever after

Eventually Ken switched to a bilevel CPAP (bi-PAP) machine. Air pressure is higher when you inhale and lower when you exhale.

Ken now routinely gets 7.5–8 hours of sleep a night. "Out of seven nights, I sleep through six," he says. "I don't even get up to use the bathroom. I don't take a nap anymore in the afternoon. My blood glucose levels are more stable."

your mouth and nose also are recorded. (All of this recording is called polysomnography.) A doctor evaluates the results.

SLEEP-BETTER TIP: You may breathe easier lying on your side. To keep yourself from sleeping on your back, put a tennis ball in a sock and pin it to the back of your pajama top. Or fill a backpack with foam rubber and wear it to bed.

Treatment

The International Diabetes Federation (IDF) notes two treatments for OSA that help most people: weight loss for those who are overweight, and continuous positive airway pressure (CPAP, pronounced "SEE-pap") therapy for those with moderate to severe OSA.

In the recent Sleep AHEAD study, 306 obese people with type 2 diabetes had at-home sleep studies, which showed that 86 percent had OSA. Most entered another study to see if weight loss would lessen sleep apnea. Study participants who lost more than 22 pounds saw big improvements in their sleep; for some, apnea resolved completely.

With CPAP, you wear a mask over your mouth and/or nose at night, and a machine gently blows air through the mask. The air pressure is adjusted to be just enough to keep your airway open.

It may take several weeks and machine adjustments before CPAP works well. (See "CPAP: Give Sleep a Chance," page 47.) Successful treatment can make a remarkable difference in quality of life.

Marie McCarren is the author of A Field Guide to Type 2 Diabetes *(American Diabetes Association, 2004) and* Carb Counting Made Easy *(ADA, 2002).*

STOP to take this test

If you answer "yes" to two or more of the following questions, make an appointment with your doctor to talk about sleep apnea.

S	Do you **snore** loudly (louder than talking or loud enough to be heard through closed doors)?	☐ yes ☐ no
T	Do you often feel **tired,** fatigued, or sleepy during daytime?	☐ yes ☐ no
O	Has anyone **observed** you stop breathing during your sleep?	☐ yes ☐ no
P	Do you have or are you being treated for high blood **pressure?**	☐ yes ☐ no

Note: STOP was developed by doctors in Canada (as reported in Anesthesiology, *May 2008) to screen patients scheduled for surgery, because sleep apnea makes surgery riskier.*

Better-sleep resources

American Sleep Apnea Association
sleepapnea.com

Find a local support group or ask questions in the forum section. A few examples of discussion threads: "Very confused by my study," "Removing mask in my sleep," "Can't breathe with nasal pillows."

Sleep Apnea Community
cpaptalk.com

Go here to "learn, vent, laugh, and share about everything CPAP." For example, "Newbie would like to hear success stories, please" generated more than 50 replies.

American Academy of Dental Sleep Medicine
aadsm.org

This Web site for dentists also contains a section for consumers. You can learn about oral appliances (mouthpieces) that may help with mild or moderate sleep apnea. You also can read about surgeries that may help people with problems such as enlarged adenoids or tonsils.

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"I am just Maddy. Not Maddy, the girl with diabetes. I check my blood sugar, so I know it's okay to do all my really fun stuff."
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104
For more on Maddy and her meter, go to www.OneTouchDiabetes.com/Maddy

From the editors of
diabetic LIVING®

Salmon tacos, salad & fruit mousse
66 g carb
503 calories

What to Eat

Meal Planning Made Easy & Yummy!

DiabeticLivingOnline.com/meals

Soup, apple, milk, bread & cookie
69 g carb
444 calories

Pork, spinach, rice, milk & cookie
44 g carb
456 calories

*Plus many more recipes & tips to make your meal planning **simple!**

in it to win

Racing driver Charlie Kimball, PWD type 1, is speedy, nimble, and in command of his car and diabetes.

BY **Kelly Rawlings, PWD type 1** PHOTOS BY **Blaine Moats**

You may never go as fast (nearly 200 miles per hour) as racing driver Charlie Kimball, but you could be his A1C twin—down to 6.7 percent from 13 percent when he was diagnosed with type 1 diabetes.

Charlie, 25, is the only professional American open-wheel racing driver with type 1 diabetes. He was diagnosed as an adult in 2007 while competing in Europe.

Six weeks after diagnosis, he got back in a race car. Six months later, after learning to pay as much attention to food choices and blood sugar levels as he does to tire pressure and fuel levels, Charlie got the OK to return to competitive racing. The first practice session, he was fifth fastest of 20 cars.

Charlie remembers thinking in relief, *I'm the same racing driver with diabetes as I was before I was diagnosed.* Actually, he may be better.

"There's a lot of discipline involved in racing cars on a track," Charlie says. "That translates into my diabetes management."

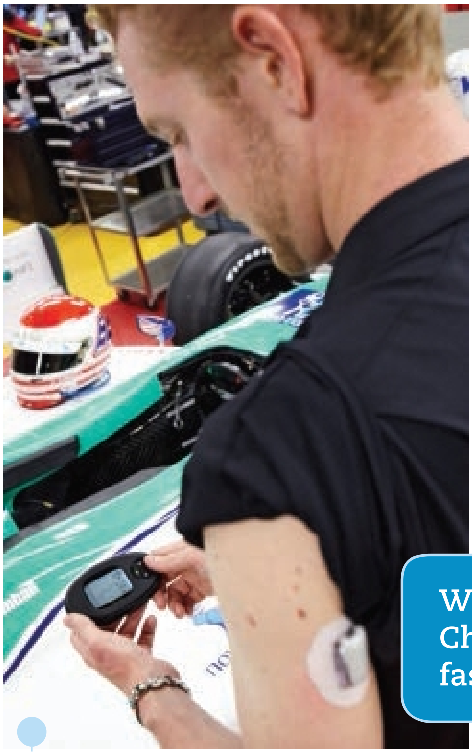
Any racing driver prepares to compete safely—Charlie goes the extra mile.

Continued on page 52 »

Charlie's beta cells may be back of the pack, but he's got an awesome Batmobile. Car No. 35, photographed on the Iowa Speedway oval in 2009, is decked out with logos from car sponsor and insulin manufacturer Novo Nordisk.

Before he gets behind the wheel, Charlie aims for a blood glucose level of 180–220 mg/dl. The mental concentration, exertion, and heat uses up the extra glucose—the fast fuel of the human machine. By the time Charlie exits the car, his blood sugar goal is about 120 mg/dl.

Charlie uses insulin pens—Levemir FlexPen and NovoPen Junior. He worries the insulin in a pump would get too hot inside his fireproof suit.



Charlie keeps an eye on his glucose levels before, during, and after track time. He uses a DexCom continuous glucose monitor (CGM). The sensor is shown on the back of his arm; he holds the receiver.

The CGM also helps Charlie fine-tune his insulin doses and food choices on days when he's not racing. He stays active, however—the swimming, weight lifting, and off-road biking he does to train benefit his blood sugars, too.

When an alarm indicates Charlie's glucose is dropping, fast fuel is just a sip away.

The crew created a one-of-a-kind helmet drinking system that helps Charlie stay hydrated in the intense heat—and allows him to sip orange juice or other glucose-rich fluids as needed.

After his diagnosis, Charlie got up to speed on nutrition. Gone (mostly) are junk-food indulgences. Now he plans ahead to fuel the grueling physical demands and travel that his jet-setting career includes. Like many of us, he admits he could probably eat more fruits and vegetables.

Charlie's mental toolbox

Perspiration matters, but attitude defines a winner.

Diabetes can get you down. That's when Charlie reaches for his attitude. "I think about all the positives diabetes has brought into my life," he says, including:

"I'm proactive about my health. Racing means too much—I'm not going to let diabetes get in my way or slow me down."

"I'm a better athlete." Diabetes demands discipline, education, follow-through, and practice—handy competitive skills.

"I meet and work with great people. So many supportive people—my family, my team, my health care team, and others with diabetes—have reached out to me."

The receiver for Charlie's CGM attaches to the steering wheel of No. 35. Charlie can keep an eye on his glucose levels during track time—and has plenty of information to download and analyze.

Like diabetes, racing involves many variables and numbers. "Speed, gears, RPM, water temperature, cornering, breaking—these are all things that put a lap together," Charlie says.

He also keeps a close eye on his diabetes data—his insulin doses, the timing, what he ate, when and how he exercised. "I write it down, and at night I look over the day—what have the sugars been doing?" Charlie says. "You keep learning. In the race car, I'm constantly learning."

During 2009, his rookie campaign, Charlie finished 10th in the Firestone Indy Lights Championship. Fans, get ready: AFS Racing/Andretti Autosport has signed him for the 2010 lineup. Sweet!

"The diagnosis of diabetes has been a speed bump, not a roadblock," Charlie says.

Follow Charlie on Twitter: Twitter.com/RaceWithInsulin

Road safety reader tips

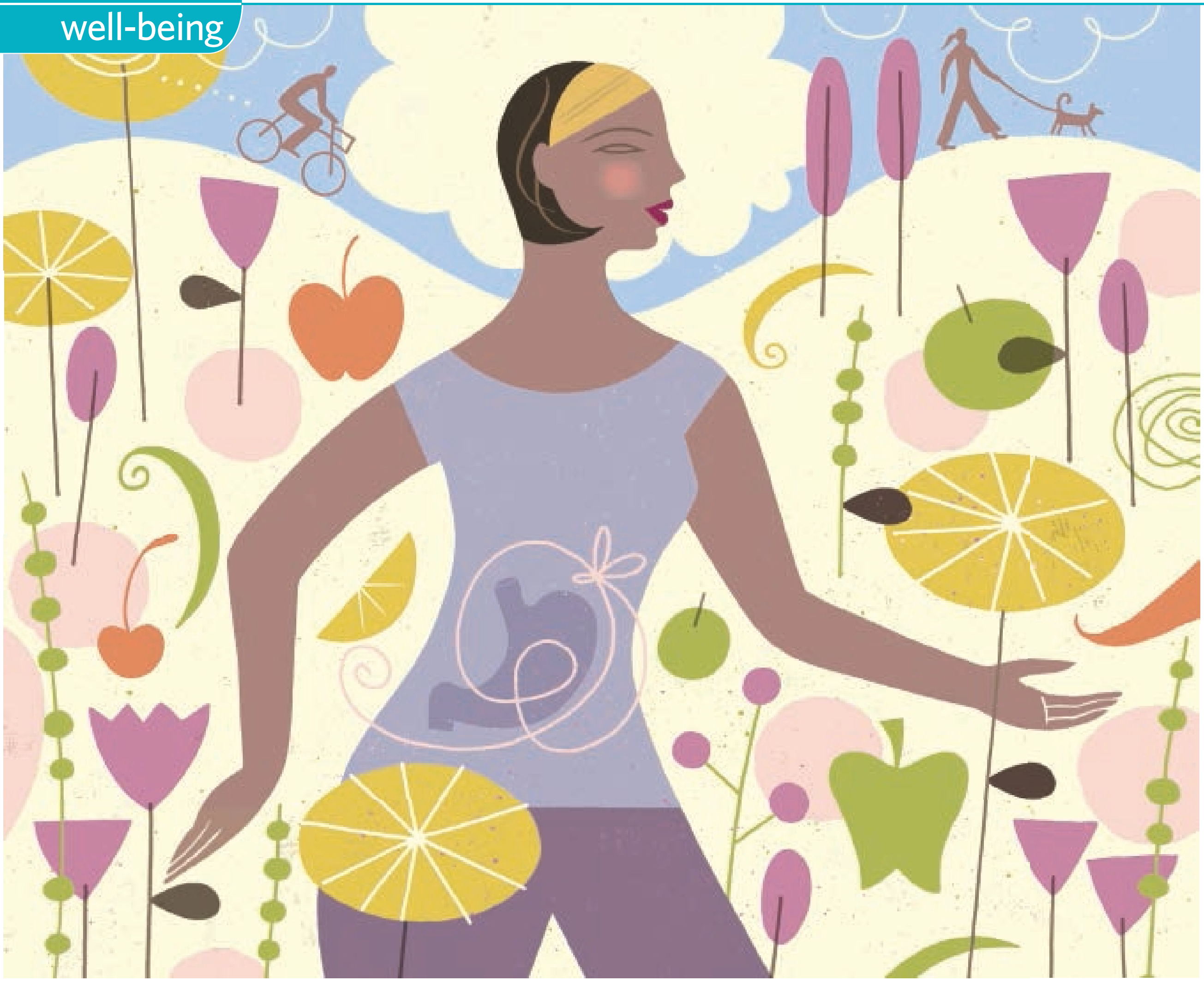
COMPILED BY **Caitlin Thornton**

You may not drive as fast as Charlie Kimball, PWD type 1, but you can be equally well-prepared behind the wheel. Drivers with diabetes share these tips:

Make a checklist. "Before driving 10 hours to a training event, I created a checklist so I didn't forget anything. It included all my medication, clothes for the area, good comfortable shoes, and food for the drive that includes water, apples, nuts, and a few other items. While driving, I also made sure I stopped to eat lunch and dinner." —Paul Campo, 34, PWD type 2, Ventura, California

Pack some fuel. "My family makes a couple of 12-hour trips a year. I check my sugar before we get in the car and stop every three hours to stretch, take meds, or check my blood glucose. We have a cooler that plugs in the car where we keep snacks, water bottles, orange juice, and milk—there's always something in case my blood sugar gets low." —Dori Sherman, 42, PWD type 2, Mesquite, Texas

Take a break. "I drive 104 miles to my high school in Newark, New Jersey, where I teach English. Before I leave for work, I complete my testing and take my oral medications and my insulin shots. I normally stop halfway to stretch my legs, use the rest room, get a cup of coffee, and check my sugar levels if I'm feeling unwell." —Victoria Garrison, 48, PWD type 2, Northampton, Pennsylvania



surgical solution

Weight-loss surgery can put type 2 diabetes in remission. But long-term postsurgery success requires a commitment to healthful food choices and daily exercise.

BY Hope S. Warshaw, R.D., CDE ILLUSTRATION BY Tracy Walker

What if there were a treatment for obese people that could put type 2 diabetes in remission, lower blood pressure, improve sleep apnea, and decrease the chance of death from diabetes complications? Philip R. Schauer, M.D., says research proves there is such a treatment—bariatric (or metabolic) surgery. But there is a caveat, says Schauer, director of the Cleveland Clinic Bariatric and Metabolic Institute and a past president of the American Society for Metabolic and Bariatric Surgery (ASMBS). To be effective, the treatment requires lifelong commitment to healthful eating and weight-maintenance.

"Though metabolic surgery has been pigeonholed as purely for weight loss, research dating back 60 years has shown it makes blood glucose plummet," says John Baker, M.D., medical director for Baptist Medical Center's Baptist Health Weight Loss Program in Little Rock, Arkansas, and president of ASMBS. The organization's name now includes the term "metabolic" to reflect the procedure's impact on insulin and other gut hormones

Continued on page 56 »

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†† Cookbook offer dependent on patient enrollment while supplies last.

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related to weight, appetite, and glucose control.

"It took metabolic surgeons years to build their case and sway support for metabolic surgery in people with diabetes," Schauer says. The American Diabetes Association says metabolic surgery can be considered for adults with hard-to-control type 2 diabetes who have a body mass index (BMI) of 35 or greater.

Metabolic surgery is no cure-all, however. Gary Middleton, PWD type 2, knows this firsthand. "While this surgery improved my life immensely and helped me control my blood glucose on one-tenth of my presurgery insulin dose, I had to completely renovate my lifestyle," he says. "Ninety percent of my success was in my hands." (Read more of Gary's story on page 62.)

Improving safety

The most common metabolic surgery procedures work by restricting calorie intake, and some also cause the body to poorly use nutrients by bypassing a part of the small intestine called the duodenum. Weight loss and effects on diabetes vary among the surgeries (see "Metabolic Surgery Options," *page 59*).

The surgeries are getting safer. A recent analysis by the U.S. government's Agency for Healthcare Research and Quality (AHRQ) showed that complications after metabolic surgery have been declining, even as it's performed on older and sicker people. The most common complications are abdominal hernias, infections, and leakage around surgical staples. Lower complication rates are attributed to more surgeries being

Continued on page 59

Are you a candidate? Metabolic surgery isn't for everyone. People who qualify include:

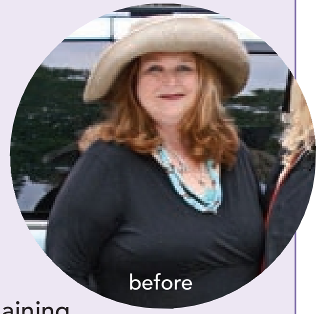
- Adults with body mass index (BMI) > 40
- Adults with type 2 diabetes, heart disease, or sleep apnea and BMI > 35

Diabetes remission

after

Name: Priscilla Pennington-Zytkowicz, 64, Ocean City, Maryland

Weight: 340 pounds at surgery (2008); 170 pounds now


before

Diabetes history: "Diabetes runs rampant in both sides of my family," Priscilla says. She's had type 2 diabetes about 10 years, and though she's now in remission and on no medication, "you always have diabetes," she says. Priscilla checks her blood glucose daily, and it runs in the 90s. Prior to surgery, she took metformin and Actos, yet still had out-of-control blood glucose levels.

Weight issues: Priscilla was unable to stop gaining weight; the more medicine she took, the more weight she seemed to gain. "I felt closer to death every day. The problem became bigger than me. I met someone who had the surgery and was successful. I made up my mind I wanted it, but it took me a while to advocate for myself through the medical system," she says.

Pluses: "I'm stronger and healthier," she says. "I'm more attracted to eating healthier foods. And since I can't eat that much, I don't waste my calories on lousy food. I've been told exercise is critical for success, so I walk every day."

Minuses: "I can't think of any," Priscilla says. "I want to tell anyone like me to give surgery serious consideration."

Advice: Priscilla wants people to know what her primary health care provider didn't tell her: Type 2 diabetes is progressive and potentially devastating. Determine your options and get referred to a reliable metabolic surgery center. Priscilla's motto: No food makes you feel as good as healthy feels.

@ Jump-start your weight loss with these tips from our experts: **DiabeticLivingOnline.com /motivate**

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†† In a 3-month clinical study at Temple University School of Medicine and published in the *Journal of Postgraduate Medicine*, Nutrisystem program participants lost an average of 18 lbs., and lowered fasting blood sugar levels from 149.5 to 115.2, compared to those following a diabetes support and education program, who lost 1.3 lbs, and lowered fasting blood sugar levels from 151.4 to 144. Not all menu items were included in the study. Study funded through an unrestricted educational grant from Nutrisystem.

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Continued from page 56

Metabolic surgery options

Gastric Bypass

Description: Also known as Roux-en-Y, this metabolic surgery is the most common. The top part of the stomach is reduced from the size of a football to the size of a golf ball. The smaller stomach is attached to the jejunum (the middle part of the small intestine) to bypass the duodenum.

Weight loss: 33–77 percent of excess weight.

How it helps shed pounds: Less food is consumed because the stomach is smaller. Fewer calories are used because the duodenum can't absorb them.

Diabetes remission: 75–80 percent of patients with type 2.

How it lowers blood glucose: Bypasses the duodenum, suppressing appetite, and increases speed at which food reaches the end portion of the lower intestine, so there's less time for nutrients to be absorbed.

Surgical method: Incision or laparoscope (small incisions).

Biliopancreatic Diversion with Duodenal Switch

Description: A small sleeve-shape stomach is created and attached to the ileum to bypass the duodenum.

Weight loss: 70–90 percent of excess weight.

How it helps shed pounds: Less food is consumed because the stomach is smaller. Fewer calories are used because the duodenum can't absorb them.

Diabetes remission: 95–100 percent of patients with type 2.

How it lowers blood glucose: Bypasses the duodenum, suppressing appetite, and increases speed at which food reaches the end portion of the lower intestine, so there's less time for nutrients to be absorbed.

Surgical method: Incision.

Laparoscopic Adjustable Gastric Banding (LAGB)

Description: A silicone band filled with saline is wrapped around the upper part of the stomach to create a small pouch. The size of the pouch can be adjusted after surgery by adding or removing saline from the band. This requires a medical procedure.

Weight loss: 35–75 percent of excess weight.

How it helps shed pounds: Restricts amount of food that canbe consumed. People feel full more quickly and eat less.

Diabetes remission: 30–65 percent of patients with type 2.

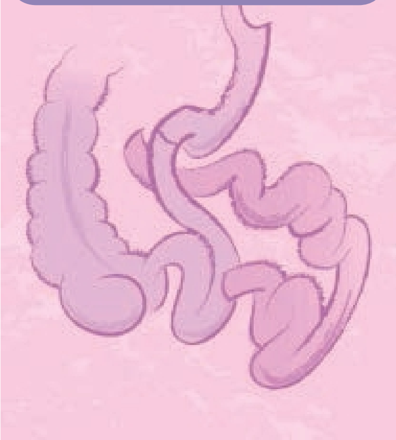
How it lowers blood glucose: Health benefits related to weight loss.

Surgical method: Laparoscope.

Note: Statistics of weight loss and diabetes remission are estimated based on study results and consultation with metabolic surgeons.

Gastric Bypass

Biliopancreatic Diversion with Duodenal Switch



Laparoscopic Adjustable Gastric Banding (LAGB)

Continued on page 60

» Continued from page 59

For weight loss and maintenance after surgery, expect to maintain lifestyle changes: healthful eating of small portions and daily exercise.

done by laparoscope (operating through several small incisions), greater use of banding procedures, and experienced surgeons.

Diabetes in remission

Metabolic surgery that bypasses the duodenum can make blood glucose plummet just 24 hours after surgery, put type 2 diabetes in remission, and slash needs for blood glucose-lowering medication. The reason is unclear, but research offers clues.

"Bypassing the duodenum puts the hunger hormone, ghrelin, to rest," says Margaret Furtado, R.D., a clinical dietitian specialist at Johns Hopkins Bayview Medical Center in Baltimore and author of *The Complete Idiot's Guide to Eating Well After Weight Loss Surgery* (Alpha, 2010). Ghrelin increases appetite and the body's insulin output. When ghrelin is absent, food reaches the lower intestine more quickly. There's also an increase in hormones that tamp down appetite, control weight, and discourage the body from storing fat. The result is greater sensitivity to the body's insulin and less insulin resistance. Research shows that the surgery also preserves insulin-making beta cells.

"The long-term picture for most PWDs or those at risk [diagnosed with pre-diabetes] is improved for many years ahead," says Chris Edwards, M.D., an assistant professor at the University of North Carolina Mission Hospitals in Asheville, North Carolina. A recent study of nearly 200 PWDs type 2 showed that 60 percent were still in remission 5–16 years after surgery. This was especially true for those who, prior to surgery, took no blood glucose-lowering medications or used only oral medications. The PWDs most likely to have high blood glucose levels after surgery had regained some weight, had had diabetes longer, or required more blood glucose-lowering medication prior to surgery.

For all the good news, metabolic surgery requires drastic changes in food selection and portions, and a commitment to physical activity (see "Life After Surgery," *below*). "The surgery changes your body, but not the unhealthy environment we live in," says Sue Cummings, R.D., clinical programs director at the Weight Center, Massachusetts General Hospital, Boston. "You need to change your environment to make permanent changes."

Cost and coverage

The bill for metabolic surgery can range from $17,000 to $30,000—if all goes smoothly. Many clients are required to attend before- and after-surgery programs with dietitians and psychologists. Most

Continued on page 62 »

Life after surgery

The days following metabolic surgery aren't easy, but slowly the pain subsides and the regimen becomes your new way of life. "Initially taking in enough fluids is key and may be a challenge due to pain and fear of stretching the now-much-smaller stomach," says Margaret Furtado, R.D., a clinical dietitian specialist at Johns Hopkins Bayview Medical Center in Baltimore. The next step is eating enough high-quality protein while continuing to sip plenty of fluids.

Within a few months, you can eat or drink 500–800 calories a day. The focus is on no-sugar-added fluids, protein, and healthful carbohydrate eaten at three meals and nearly no sweets or high-fat foods. A lunch or dinner may be 3 ounces of meat, ½ cup of vegetables, and ¼ cup of whole grain starch. "It's no cakewalk—you've got to be motivated to succeed," says Priscilla Pennington-Zytkowicz, 64, of Ocean City, Maryland. "But it's way easier to shed pounds because you aren't hungry and you feel full fast."

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» Continued from page 60

people have to pay for these programs out of pocket.

Medicare will pay for metabolic surgery if you meet the eligibility criteria and have surgery in a Center of Excellence. In early 2009, Medicare added type 2 diabetes as a condition that qualifies a person for surgery. Centers of Excellence are certified by two organizations and can be located online (see *above right*).

Other health insurers' coverage varies by plan and state. Some people face insurance denials several times before their health plan agrees to cover the surgery, and some people who are denied coverage choose to pay for the surgery themselves.

While experts suggest that obesity should be prevented in the first place, they recognize that millions of people are obese and their health is in jeopardy. For many PWDs type 2, metabolic surgery "offers people the opportunity to get their life back, take far fewer medicines, be less of a burden and cost to the health care system, have more healthier years to be a productive citizen, and enjoy their lives," Baker says.

Hope Warshaw, R.D., CDE, is a Diabetic Living *contributing editor and editorial advisory board member. She is also the author of several books published by the American Diabetes Association, including* Real-Life Guide to Diabetes *(2009).*

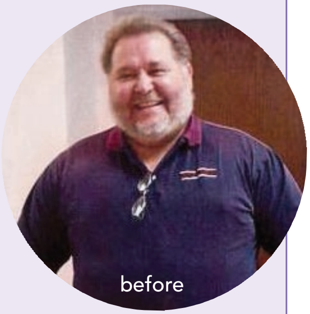
To find a certified surgery center: American Society for Metabolic and Bariatric Surgery, surgical review.org, and American College of Surgeons Bariatric Surgery Center Network, acsbscn.org.

Quality of life

after

Name: Gary Middleton, 63, Little Rock, Arkansas

Weight: 330 pounds at surgery (1999); 215 pounds now (197 lowest)



before

Diabetes history: Gary was diagnosed with type 2 diabetes in 1978. Before he had surgery, he used an insulin pump and 300 units of insulin—a full pump cartridge—each day. "After surgery, my insulin needs quickly fell until I was taking no insulin, which lasted for two years after surgery," he says. Gary now takes 25 units of insulin once a day, and his last A1C was 6.8 percent.

Weight issues: "My weight has been hard to control all my life," Gary says. "I've been on every diet and yo-yoed up and down the scale by 70 pounds. I knew it was last-resort time."

Pluses: "I have much more stamina. I can do simple things like bend over and tie my shoes, my clothes fit better, and people don't look at me like a big fat guy." Gary also eats much less. "I encourage people to not wait as long as I did" for surgery he says.

Minuses: Taking a handful of daily vitamins the rest of his life, having to exercise regularly, doctor visits, and medical tests.

Advice: "The surgeon does the surgery, but you choose the food and the portions, and you decide to hit the pavement to exercise regularly," Gary says.

Remission: Don't call it a cure

The term "cure" for type 2 diabetes is incorrect. If a person doesn't lose enough weight, regains weight, or has natural progression of diabetes, blood glucose-lowering medicines may be needed, although likely in smaller doses. The preferred term is "remission." Because of the success of weight-loss surgery to treat type 2 diabetes and transplant therapies to treat type 1 diabetes, a new American Diabetes Association consensus statement now defines partial, complete, and prolonged remission categories.

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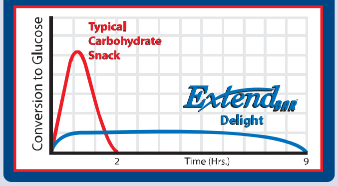

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solving the carb puzzle

This quick guide to carbohydrate will help you piece together a healthy eating plan.

BY **Hope S. Warshaw, R.D., CDE** PHOTOS BY **Scott Little**

Along with the diagnosis of diabetes comes a new vocabulary. "Carbohydrate" is one of the most frequently used—and misunderstood—terms. "Confusion about carbohydrate still reigns," says Johanna Burani, R.D., CDE, author of *Good Carbs, Bad Carbs: Lose Weight and Enjoy Optimum Health by Eating the Right Carbs* (Da Capo Press, 2004). "People I counsel are surprised to learn milk, yogurt, and fruits contain carbohydrate and are convinced that pasta, bread, and ice cream 'turn to sugar' and shouldn't ever pass their lips again."

Yet experts say that foods with carbohydrate are essential for good diabetes nutrition. Come along as we unscramble the carb puzzle.

What's carb counting?

Carb counting is a method of diabetes meal planning. It doesn't prescribe a certain amount of carbohydrate but is a way to include healthful foods, plan meals that contain sufficient carbohydrate to fuel your body, and fit in a wide variety of foods you enjoy while you control blood glucose levels.

The carbohydrate in foods is the nutrient with the most impact on blood glucose, especially shortly after you eat. A key ingredient in achieving blood glucose control is having adequate insulin. The balance between the carbohydrate you eat and the available insulin—made by your body or that you take as medication—most impacts blood glucose levels and diabetes control.

Carb counting gained support in the United States when it was used successfully in the Diabetes Control and Complications Trial in the 1980s, says Karen Bolderman, R.D., CDE, PWD type 1, coauthor of *Practical Carbohydrate Counting: A How-to-Teach Guide for Health Professionals,* second edition (American Diabetes Association, 2008).

Basic carb counting

"Most people with type 2 diabetes who don't take insulin can use what dietitians call basic carb counting," Bolderman says. "You learn the foods that contain carbohydrate and how much carb to eat each day." You want to eat enough carbohydrate to fuel your body and provide it with needed nutrients.

Advanced counting

"Advanced carb counting helps people who take insulin several times a day (with multiple daily injections or a pump) learn to adjust

Foods that contain carbs

This display shows more of some healthful carbohydrate sources—fruit, vegetables, whole grains, low-fat dairy, and legumes—and less of the refined carb sources everyone should eat in moderation—sweets, desserts, and drinks with added sugar.

Starches: Pasta, cereal, oats, bread, rice, bagels, crackers, whole grains

Candy/sweets: gumdrops, chocolate, regular soda

Fruits

Legumes: beans

Nonstarchy vegetables: broccoli, green beans, spinach, lettuce, sweet and hot peppers, tomatoes

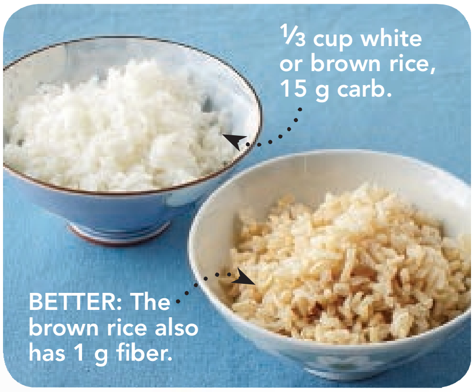
Desserts: ice cream, cake, pie, cookies

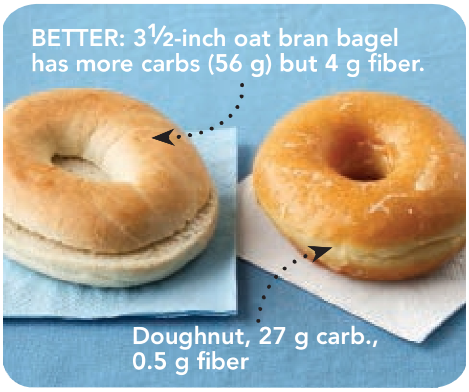
Dairy: milk, yogurt, cheese

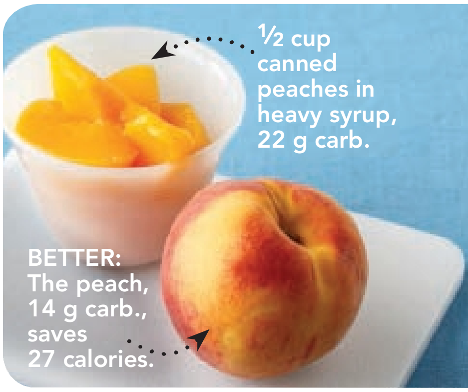
Starchy vegetables: potatoes, corn, peas

Fruit juices

Carb-containing foods in similar serving sizes may surprise you with their carb grams and nutrition counts:







Eating a variety of foods helps you meet your nutrition needs.

their premeal rapid-acting insulin dose based on their blood glucose level and amount of carb they're going to eat," Bolderman says.

What foods have carbohydrate?

Think of foods as packages of various nutrients. "No one food has all the nutrients your body needs, which is why eating a variety of foods helps you meet your nutrition needs," Burani says. The three main nutrients are carbohydrate, fat, and protein. Most of the calories in the foods shown, *opposite,* are from carbohydrate. Some of these foods contain good or healthful carbs, and others less-healthful carbs.

What makes a healthful carb?

Carb-containing foods rich in vitamins, minerals, and fiber—foods that help you avoid empty calories from added sugars—are the good guys. Similar-size servings of related foods may surprise you nutritionwise (see *above*).

For example, ½ cup of orange juice with pulp (fiber) and enhanced with calcium offers more nutrition than ½ cup of orange drink, which gets most of its calories from corn syrup. Swapping healthful carbs for less-healthful carbs is smart eating.

How much carb to eat?

The following starting points for daily carb grams or choices and how to divide them among meals can work for many people with diabetes. Don't limit carbohydrate to control blood glucose—low-carb eating often leads to eating too much heart-harming fat and may not necessarily improve blood glucose or weight control over time.

Body size/ gender	Carb grams/day	Carb grams/meal	Carb choices*/day	Carb choices*/meal
Smaller woman	135	45	9	3
Larger woman	180	60	12	4
Smaller man	180	60	12	4
Larger man	225	75	15	5

*1 carb choice = 15 grams of carbohydrate

Carb-counting tips

Tried-and-true suggestions:

Check the carb count on the nutrition facts label against the serving size. Is this the amount you eat? "When I began to focus on portion control, I realized my portions were huge." *—Kelly Cupp, 44, PWD type 2, who has lost 50 pounds*

Visualize, visualize, visualize. "At home, weigh and measure the common items you eat—potatoes, rice, dry or cooked cereal. Then you'll better recognize the right portions at home and when you eat out." *—Karen Bolderman, R.D., CDE, PWD type 1*

Be predictable and buy the same products—at least at first. You'll learn their carb counts and the ways they affect your blood glucose. *—Joan Wilson, 66, PWD type 2*

Account for the sauce. Add 5–10 grams of carbohydrate for Asian dishes, thick sauces, and gravies. They likely have cornstarch or other sources of carbohydrate.

Estimate mixed dishes. Count 30 grams of carbohydrate for 1 cup of a starch- or starch-and-veggie-base casserole or hearty soup, such as chili with beans. *—Marion Franz, R.D., CDE*

A sampling of healthful carbs

Sources such as these have fiber, vitamins, and minerals; little (or no) added sugar.

popcorn

squash

lentils

artichoke

barley

Portions matter

Each of these dinner plates looks satisfying, yet they have different carb counts. The weight of the sweet potato, type of roll, and amount of dried cranberries on the spinach salad contribute to the carb count. Tip: Weigh and measure foods often at first to become a carb-estimating pro. With experience, you'll get better at eyeballing amounts.

black beans | pear | bran cereal | sugarsnap peas | whole grain pasta | raspberries

Carbohydrate Q & A

Q: If foods that contain carbohydrate raise blood glucose, why should I eat them?

A: Foods that contain carbohydrate (see list on page 66) provide essential calories (energy), vitamins, and minerals important for both short- and long-term health. These foods are your main sources of dietary fiber—a weight-control, hunger-dampening, and blood glucose-friendly nutrient most Americans lack. Even more important, "research studies show that when people with diabetes cut back on carbohydrate, they eat more fat, often the unhealthy saturated fat, which has been shown to contribute to insulin resistance and less-well-controlled diabetes," says Marion Franz, R.D., CDE, a nutrition and diabetes consultant from Minneapolis. Weight loss studies also discount low-carb diets (under 135 grams of carbohydrate daily). The food plan shown to truly work for weight control is eating less fat and getting about half of your total daily calories from carbohydrate.

Q: Can following a low-carb diet control my blood glucose and prevent me from needing blood glucose-lowering medications?

A: Doubtful, simply due to the natural progression of both pre-diabetes and type 2 diabetes. By the time most people are diagnosed with type 2, they've been losing insulin production progressively for five to 10 years and less than half of their insulin-producing cells are working. Eating fewer carbs does nothing to halt this process, and eventually blood glucose-lowering medications are required. In fact, the American Diabetes Association (ADA) now recommends that people diagnosed with type 2 diabetes begin taking medication right away. To avoid complications, immediate and continued control of blood glucose levels is key.

Q: How much carbohydrate do you need to get your essential vitamins, minerals, and fiber?

A: Both the ADA and the U.S. Dietary Guidelines suggest you eat 45–65 percent of your calories from carbohydrate sources. (Most Americans eat about 50 percent, but too much of that comes from refined, low-fiber, and added-sugar foods.) If you eat less carbohydrate, especially if you eat fewer than 1,500 calories daily, you won't get the nutrients you need.

Johanna Burani, R.D., CDE, encourages people to eat unrefined, nutrient-rich foods containing carbohydrate—whole grain, unprocessed, and fiber-filled foods—rather than refined starches and sugar-added foods and drinks, which contain few nutrients and lots of calories.

Q: Should I count carb grams or carb choices?

A: They're essentially the same. The concept of carb choices morphed from the diabetes exchange system, which recommends a balanced eating plan using all food groups. In that system, one serving of starch, fruit, or milk is, on average, 15 grams of carbohydrate. Most people, however, read food labels and use nutrient databases (see "Carb-Counting Resources," page 70) to count carb grams. Counting grams is more accurate—particularly important if you're determining doses of rapid-acting insulin.

The nutrient debate

Research on low-carb diets has revealed no benefits for controlling weight, blood lipids, or blood glucose, especially when followed for longer than six months. Still, there's much debate about carbohydrate's role in diabetes eating plans.

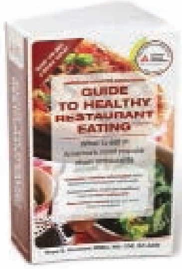
The bottom line: "Research and recommendations from respected health authorities, such as the American Diabetes Association, reinforce the importance of zeroing in on an amount of carbohydrate that is healthy and meshes well with your food preferences and eating style for the long haul," says Marion Franz, R.D., CDE, a *Diabetic Living* advisory board member. It's difficult to stick with restricted food choices and that's likely to make control inconsistent.

Carb-counting resources

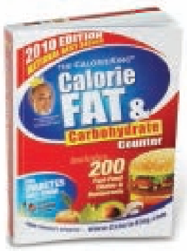
Your best carb-count source depends on how and where you eat. If you're like Joan Wilson, 66, PWD type 2, who rarely dines out, general counts of your favorite 100 or so foods may suffice. If you're like Rainey Edwards, 27, PWD type 1, who enjoys restaurant foods, you'll need a deeper database:

Books

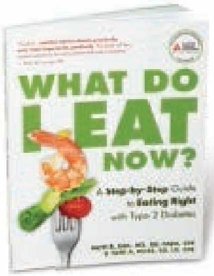
Popular dining chains: *Guide to Healthy Restaurant Eating*, fourth edition (American Diabetes Association, 2009) by Hope S. Warshaw, R.D., CDE



Branded products and general counts: *The CalorieKing Calorie, Fat & Carbohydrate Counter* (Family Health Publications, 2010)



Helpful eating plan overview: *What Do I Eat Now?* (American Diabetes Association, 2009) by Patti Geil, R.D., CDE, and Tami Ross, R.D., CDE



Nutrition facts labels

The most accurate information is at your fingertips—and it's free. Read the food package for the total carbohydrate grams (grams of sugars are already factored into the grams of carbohydrate). **Tip:** When comparing the nutrition facts labels of two food products with similar calories, fat, sodium, and carbohydrate per serving, opt for the food with more fiber.

Online sources

- Search the U.S. Department of Agriculture's nutrient database of 8,000 foods: **nal.usda.gov/fnicfoodcomp/search**
- Enter one day's worth of food and analyze it for diet quality, plus find links to nutrient information: **www.mypyramid tracker.gov**
- Search a database of more than 50,000 foods: **calorieking.com/foods**
- Find more-healthful substitutes for favorite foods in the 5,000-food database from the American Diabetes Association: **diabetes.org/myfoodadvisor**
- See which restaurants offer better-for-you menu items: **healthydiningfinder.com**

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On-the-go applications

- Track3 is a diabetes-focused, 50,000-food database on a handheld device ($80): **track3DMD.com**; buy at **dmd.coheso.com**
- Food & Fitness Tracker iPhone food, calorie, and exercise tracker (free): **sparkpeople.com**; download at **itunes.com**
- Lose It! iPhone weight loss application (free): **fitnow.com**; download at **itunes.com**
- Tap & Track iPhone calorie, weight, and exercise tracker ($2.99): **nanobitsoftware.com**; buy at **itunes.com**

Diabetes helpers: food databases and trackers for your cell phone.

@ We've translated carb counts into balanced menu plans. See 19 dinner menus at **DiabeticLivingOnline.com/menus**

With practice, carb counting is a skill you can master.

Your doctor didn't say anything about cutting back on flavor.

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dinner's in the bag

We searched the supermarket for products that offer convenience and good nutrition all in one to make three superfast meals. Each menu offers ideas to change up flavors, add-on suggestions, and a grocery list of convenience products to make dinner as easy as stop, shop, and eat.

RECIPES AND TEXT BY **Stephanie Karpinske, M.S., R.D.**
PHOTOS BY **Scott Little**
FOOD STYLING BY **Greg Luna**
PROP STYLING BY **Sue Mitchell**

Pick up these packaged items

- [ ] Grilled salmon fillets

- [ ] Salt-free Caribbean citrus seasoning blend

- [ ] Sugar-free vanilla pudding

- [ ] Low-sugar red raspberry preserves

- [ ] Reduced-fat vanilla wafers

dinner 1

Fish Fillets with Cucumber-Orange Salsa

When you're really in a hurry, don't peel the cucumber—the peel adds fiber to this tropical fish dish.

SERVINGS 4 (1 piece fish and about ⅓ cup salsa each)
CARB. PER SERVING 6 g
START TO FINISH 15 minutes

- **2** **6.3-ounce packages frozen classic grilled salmon or classic char-grilled fish fillets**
- **1** **cup chopped, peeled cucumber**
- **1** **large orange, peeled, seeded, and chopped**
- **2** **tablespoons chopped red onion**
- **1** **teaspoon salt-free citrus seasoning blend or garlic and herb seasoning blend**

1. Prepare fish according to package directions. Meanwhile, for salad: In a small bowl, combine cucumber, orange, red onion, and seasoning blend. Serve with cooked fish.

PER SERVING: 121 cal., 4 g total fat (1 g sat. fat), 20 mg chol., 312 mg sodium, 6 g carb., 1 g fiber, 16 g pro. Exchanges: 0.5 vegetable, 2 lean meat, 0.5 fat. Carb choices: 0.5.

Blueberry Parfaits

Sugar-free pudding, low-sugar preserves, and reduced-fat wafers make this fresh berry treat perfect for a carb-conscious meal plan.

SERVINGS 4 (1 parfait each)
CARB. PER SERVING 26 g
START TO FINISH 10 minutes

- **4** **3½- to 3¾-ounce containers sugar-free vanilla ready-to-eat pudding**
- **4** **teaspoons low-sugar raspberry preserves**
- **2** **cups fresh blueberries**
- **4** **reduced-fat vanilla wafers**
- **Fresh mint sprigs (optional)**

1. Empty pudding containers into a small bowl. Using a spatula, gently swirl the raspberry preserves into pudding. Spoon ¼ cup of the blueberries into each of four parfait glasses. Top blueberries with half of the pudding mixture. Top with the remaining blueberries and the remaining pudding mixture. Top each parfait with a wafer and, if desired, a fresh mint sprig.

PER SERVING: 127 cal., 4 g total fat (2 g sat. fat), 2 mg chol., 113 mg sodium, 26 g carb., 2 g fiber, 1 g pro. Exchanges: 0.5 fruit, 1 carb., 1 fat. Carb choices: 2.

Mix it up

Want more flavor on your fish? Sprinkle additional Mrs. Dash seasoning blend on the fish fillets during the last few minutes of cooking.

If you don't have the Mrs. Dash seasoning on hand, create your own spice blend by combining some Jamaican jerk seasoning with fresh finely shredded orange peel and coarsely ground black pepper.

For dessert, turn the blueberry parfait into a strawberry parfait by using sugar-free strawberry preserves and fresh strawberries.

Add it on

If your meal plan has room for another carbohydrate serving, bake some frozen sweet potato fries to serve alongside the fish.

Frozen sweet potato fries, such as Ian's or McCain, go from freezer to oven and are ready in 15–20 minutes. A 2.5-ounce serving has 160 calories and 22 grams of carbohydrate.

Naturally high in vitamin A!

If you want to enjoy dessert immediately after the main dish, make the parfaits first and refrigerate for up to 30 minutes.

Blueberry Parfaits

Fish Fillets with Cucumber-Orange Salsa

Pick up these packaged items

☐ Pinto beans

☐ Fresh mild salsa

☐ Salt-free Southwest chipotle seasoning

☐ Shredded lettuce

☐ Reduced-fat cheddar cheese

☐ Chocolate whipped topping

☐ Whole natural almonds

dinner 2

Tex-Mex Bean Tostadas

If you like food fiery hot, try a hot-style salsa. If not, use mild or medium salsa.

SERVINGS 4 (1 tostada each)
CARB. PER SERVING 33 g
PREP 15 minutes **BAKE** 8 minutes

- **4 packaged tostada shells**
- **1 16-ounce can pinto beans, rinsed and drained**
- **½ cup purchased salsa***
- **½ teaspoon salt-free Southwest chipotle seasoning blend**
- **½ cup shredded reduced-fat cheddar cheese (2 ounces)**
- **1½ cups packaged shredded iceberg lettuce**
- **1 cup chopped tomato (1 large)**
- **¼ cup shredded reduced-fat cheddar cheese (1 ounce) (optional)**
- **Lime wedges (optional)**

1. Preheat oven to 350°F. Place tostada shells on a baking sheet; bake 3 to 5 minutes or until warm. Meanwhile, in a medium bowl, combine beans, salsa, and seasoning blend. Use a potato masher or fork to coarsely mash the mixture. Divide mixture among tostada shells, spreading evenly. Top with the ½ cup cheese.
2. Bake about 5 minutes or until cheese is melted. Top tostadas with shredded lettuce, chopped tomato, and, if desired, the ¼ cup cheese. If desired, serve with lime wedges.

***TEST KITCHEN TIP:** Look for a salsa with 100 mg or less sodium per serving.
PER SERVING: 230 cal., 6 g total fat (3 g sat. fat), 10 mg chol., 660 mg sodium, 33 g carb., 8 g fiber, 12 g pro. Exchanges: 0.5 vegetable, 2 starch, 1 lean meat. Carb choices: 2.

Apples and Chocolate Dip

Tart apples are a delicious counterpoint to the cinnamon-and-almond-flavored chocolate topping. If you like, try this dip with fresh pears.

SERVINGS 4 (½ apple, 3 tablespoons dip, and ½ tablespoon almonds each)
CARB. PER SERVING 13 g
START TO FINISH 10 minutes

- **¾ cup chocolate-flavor frozen whipped dessert topping, thawed**
- **¼ teaspoon almond extract**
- **⅛ teaspoon ground cinnamon**
- **2 medium apples, cored and sliced**
- **2 tablespoons chopped almonds, toasted**

1. In a small bowl, combine dessert topping, almond extract, and cinnamon. Spoon topping mixture into four dessert dishes. Divide apple slices among dishes; sprinkle with almonds.
PER SERVING: 91 cal., 4 g total fat (0 g sat. fat), 0 mg chol., 1 mg sodium, 13 g carb., 2 g fiber, 1 g pro. Exchanges: 0.5 fruit, 0.5 carb., 1 fat. Carb choices: 1.

Mix it up

Want a different bean? Substitute a bean of your choice for the pinto beans. Just avoid canned refried beans, which are high in sodium and may contain lard.

For dessert, instead of using apples for dipping, try peeled orange slices or fresh strawberries.

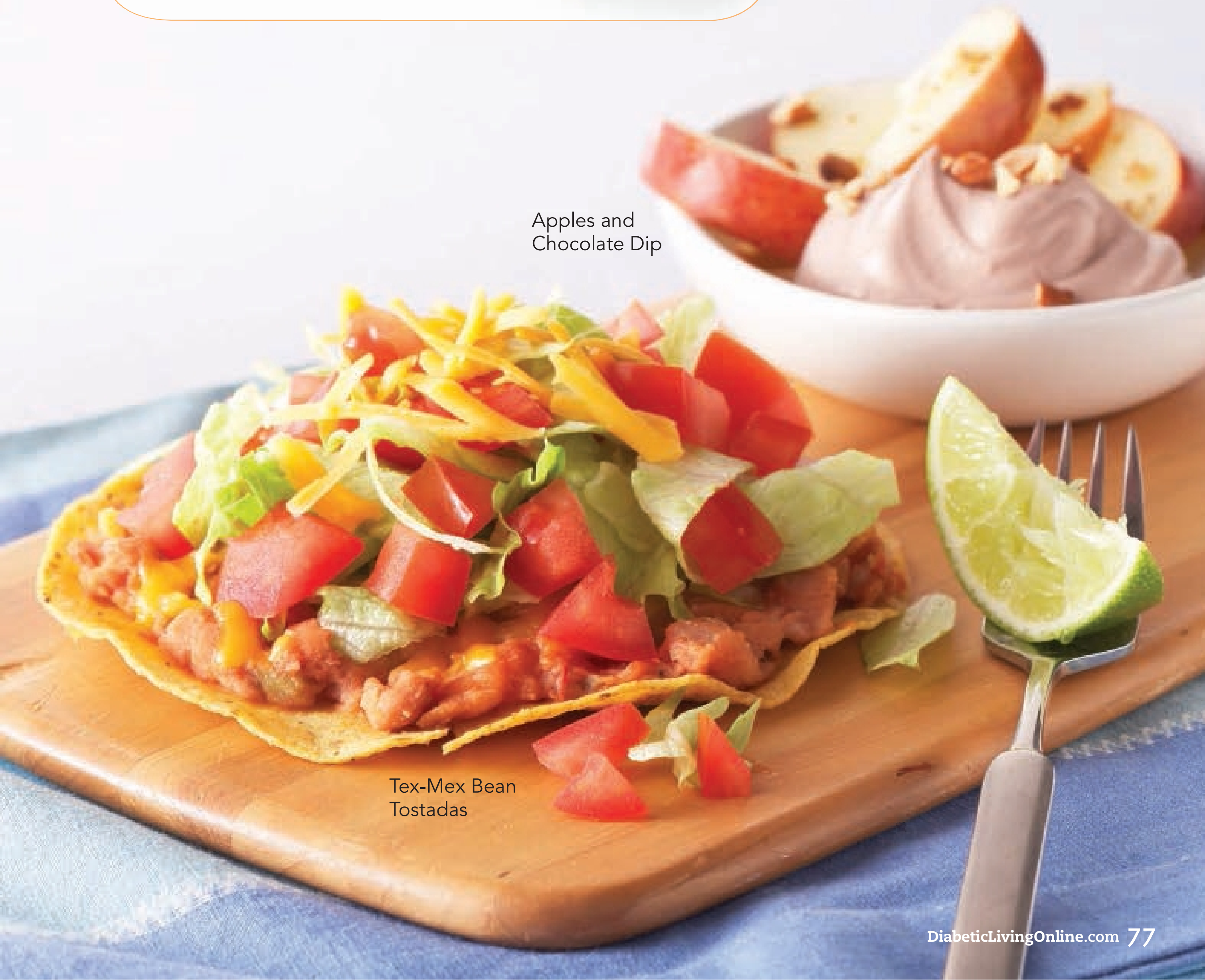
Add it on

If you can afford additional carbohydrate, try Stacy's Cinnamon Pita Chips in addition to the apples and dip.

These chips are reminiscent of the fried cinnamon-and-sugar sticks known as Mexican churros but with far fewer calories and fat, so you can enjoy without blowing your calorie budget. One 8-ounce serving has 140 calories, 5 grams of fat, and 20 grams of carbohydrate.

Only 140 calories per serving!

If you have a little extra time, shred romaine lettuce or chop spinach to use in place of the iceberg lettuce in the tostadas. You'll gain more vitamins and nutrients.



Apples and Chocolate Dip

Tex-Mex Bean Tostadas

Pick up these packaged items

- [ ] Meatless burger patties

- [ ] Multigrain sandwich rounds

- [ ] Baby spinach

- [ ] Light balsamic vinaigrette

- [ ] Sliced mushrooms

dinner 3

Bruschetta Burgers

Meatless patties help keep these luscious burgers low in fat and calories. Look for the sandwich rounds in the bread section of a large supermarket.

SERVINGS 4 (1 open-face burger each)
CARB. PER SERVING 21 g
START TO FINISH 25 minutes

- **1 package frozen tomato-, basil-, and Parmesan cheese-flavor meatless burger patties**
- **4 slices mozzarella cheese (about 3 ounces total)**
- **2 thin multigrain sandwich rounds or 4 slices whole wheat bread**
- **8 to 12 fresh basil leaves**
- **4 slices tomato**
- **Shredded fresh basil (optional)**

1. Prepare frozen patties according to package directions. Preheat broiler. Arrange cooked patties on one side of a large baking sheet. Top with cheese. Separate sandwich rounds and place, cut sides up, on the baking sheet with the patties.
2. Broil 4 to 5 inches from the heat 1 to 2 minutes or until cheese is melted and sandwich rounds are toasted.
3. Divide basil leaves among sandwich rounds. Top each with a patty and a tomato slice. If desired, top with shredded basil.

PER SERVING: 178 cal., 5 g total fat (3 g sat. fat), 16 mg chol., 538 mg sodium, 21 g carb., 6 g fiber, 17 g pro. Exchanges: 0.5 vegetable, 1 starch, 2 lean meat. Carb choices: 1.5.

Spinach Salad

To keep the sodium level of this fresh-tasting salad in check, opt for a balsamic salad dressing that's low in sodium.

SERVINGS 4 (about 2 cups each)
CARB. PER SERVING 6 g
START TO FINISH 10 minutes

- **4 cups fresh baby spinach**
- **1 8-ounce package sliced fresh mushrooms**
- **1/3 cup thinly sliced red onion**
- **1/4 cup bottled reduced-calorie or fat-free balsamic vinaigrette salad dressing**
- **2 tablespoons shredded Parmesan cheese (1/2 ounce)**

1. In a large bowl, toss together spinach, mushrooms, red onion, and vinaigrette. Sprinkle with cheese. Serve immediately.

PER SERVING: 49 cal., 2 g total fat (1 g sat. fat), 2 mg chol., 229 mg sodium, 6 g carb., 1 g fiber, 4 g pro. Exchanges: 1.5 vegetable, 0.5 fat. Carb choices: 0.5.

Mix it up

Instead of tomato slices, top your burgers with bottled roasted red sweet peppers.

Replace the spinach salad with a marinated veggie salad. Toss the balsamic vinaigrette with fresh bagged vegetables, let marinate in the refrigerator overnight, and serve.

Add it on

Top off your meal with some Italian ice, available in a variety of fresh fruity flavors.

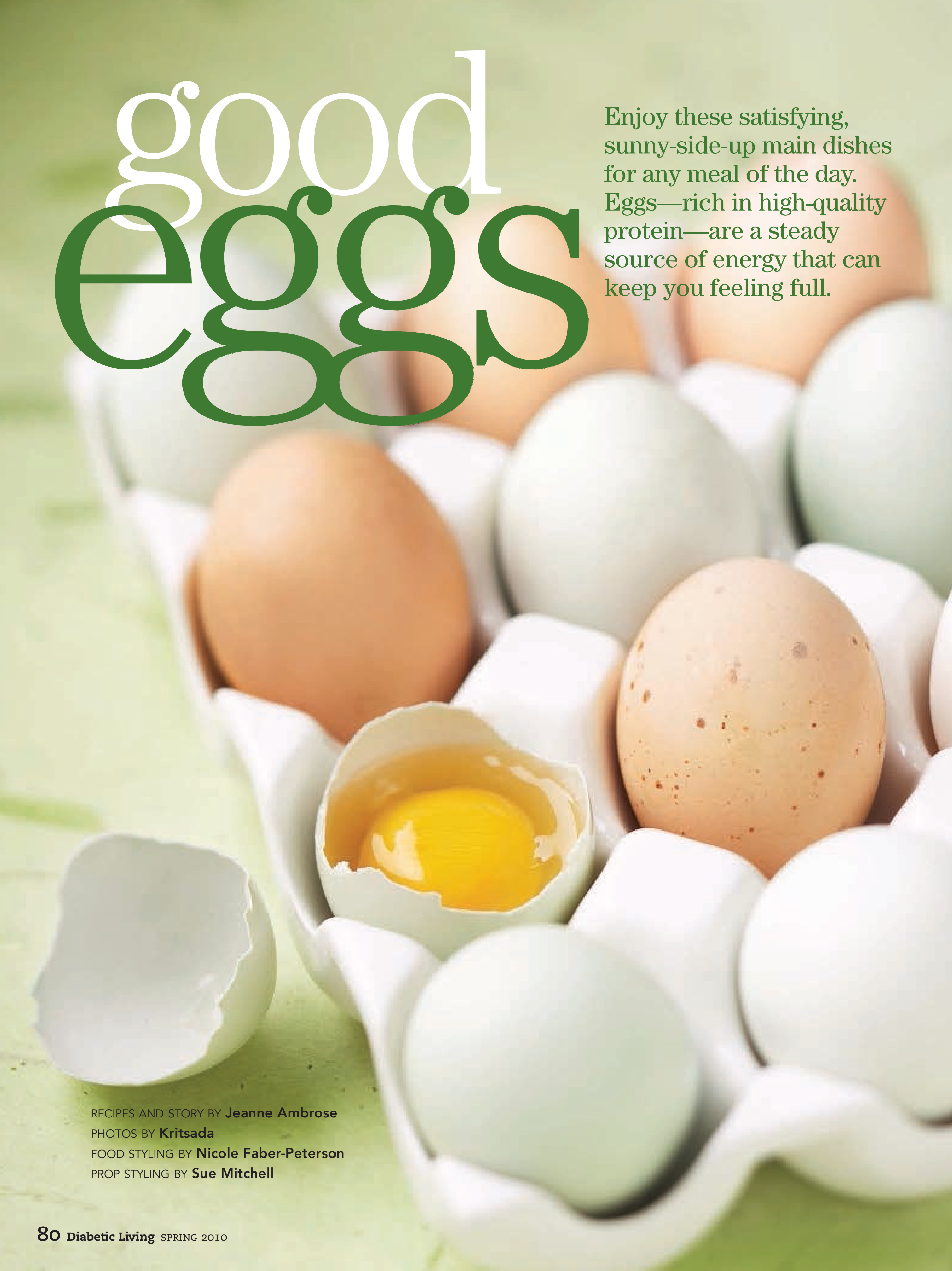
It's low in calories but can be high in carbohydrate from added sugar, so check labels. Try Luigi's Real Italian Ice no-sugar-added varieties. A 1-cup serving has 60 calories, 0 grams of fat, and 20 grams of carbohydrate.

You get a full cup per serving!

If a recipe calls for a small amount of produce and you don't think you'll use all of the package, buy a small quantity from the salad bar at your supermarket.

Bruschetta Burgers

Spinach Salad



good eggs

Enjoy these satisfying, sunny-side-up main dishes for any meal of the day. Eggs—rich in high-quality protein—are a steady source of energy that can keep you feeling full.

RECIPES AND STORY BY **Jeanne Ambrose**
PHOTOS BY **Kritsada**
FOOD STYLING BY **Nicole Faber-Peterson**
PROP STYLING BY **Sue Mitchell**

Fennel and Asparagus Pie

Fennel and Asparagus Pie

Fresh fennel and asparagus team with eggs to make this quichelike main dish tasty and satisfying.

SERVINGS 6 (1 wedge each)
CARB. PER SERVING 28 g
PREP 30 minutes **BAKE** 42 minutes
STAND 10 minutes

- 1 refrigerated unbaked piecrust (½ of a 15-ounce package)
- 1 medium fennel bulb
- 1 pound fresh asparagus, cut into 1-inch pieces
- ½ cup chopped onion
- ¾ cup fat-free milk
- 2 tablespoons flour
- 3 eggs
- 1 tablespoon snipped fresh basil or 1 teaspoon dried basil, crushed
- 1 cup shredded part-skim mozzarella cheese (4 ounces)
- Fresh basil leaves (optional)

1. Preheat oven to 425°F. Let piecrust stand at room temperature according to package directions. Line a 9-inch pie plate with piecrust. Crimp edge as desired. Line unpricked pastry with a double thickness of foil. Bake 8 minutes. Remove foil. Bake 4 to 5 minutes more or until pastry is set and dry. Remove from oven. Reduce oven temperature to 375°F.

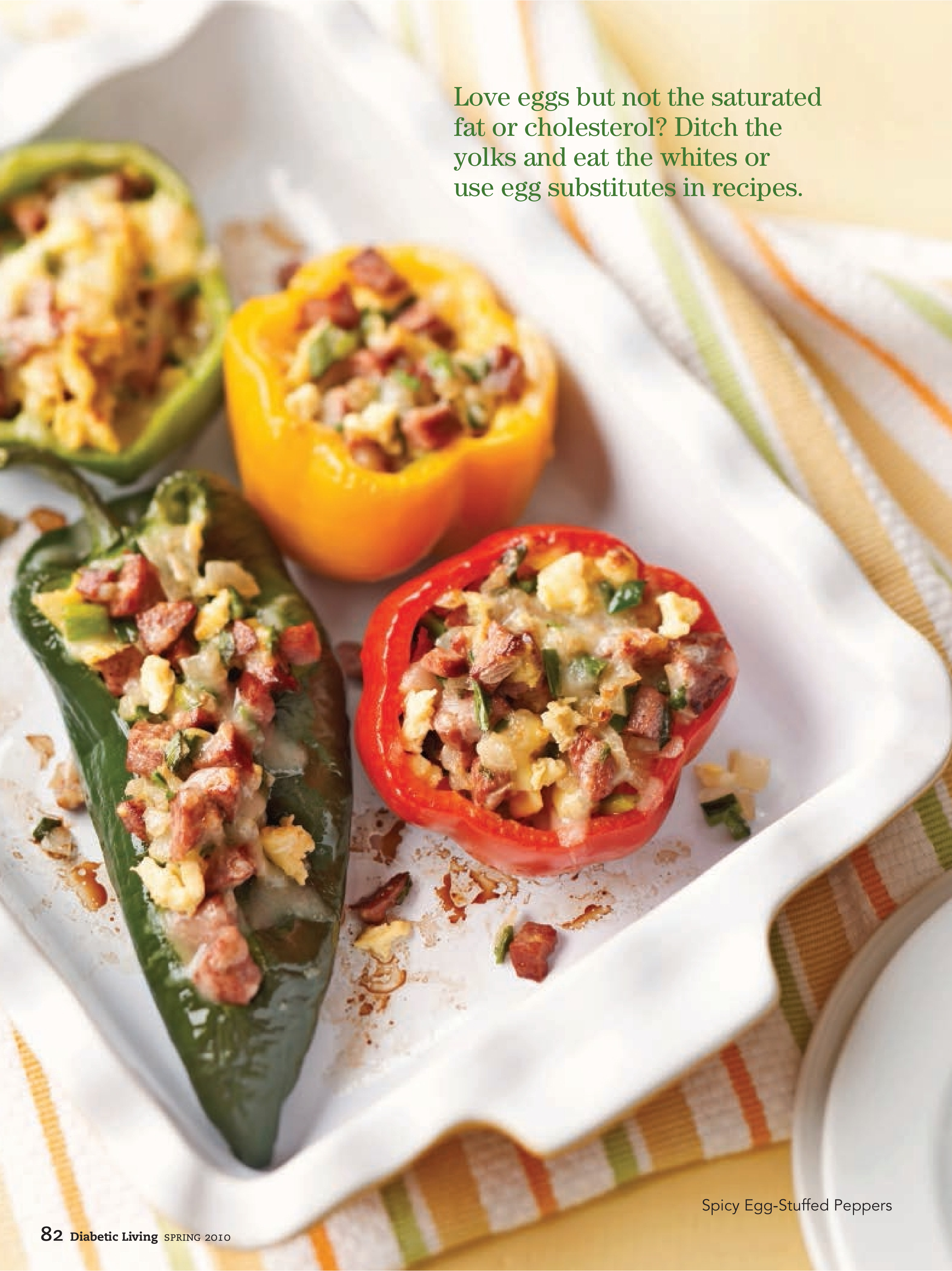
2. Meanwhile, trim top off fennel bulb, reserving some of the leaves for garnish. Trim fennel bulb and thinly slice. In a covered medium saucepan, cook fennel, asparagus, and onion in a small amount of boiling water 4 to 6 minutes or just until vegetables are tender.

3. In a medium bowl, whisk together milk and flour until smooth. Add eggs, snipped or dried basil, ½ teaspoon *salt*, and ⅛ teaspoon *black pepper*, whisking until combined.

4. Spoon fennel mixture into baked piecrust. Sprinkle with cheese. Slowly pour egg mixture over all.

5. Bake, uncovered, 30 to 35 minutes or until egg mixture is set in center. If necessary to prevent overbrowning, cover edge of pie with foil.

PER SERVING: 290 cal., 15 g total fat (6 g sat. fat), 122 mg chol., 524 mg sodium, 28 g carb., 3 g fiber, 12 g pro. Exchanges: 1 vegetable, 1.5 starch, 1 medium-fat meat, 1.5 fat. Carb choices: 2.



Love eggs but not the saturated fat or cholesterol? Ditch the yolks and eat the whites or use egg substitutes in recipes.

Spicy Egg-Stuffed Peppers

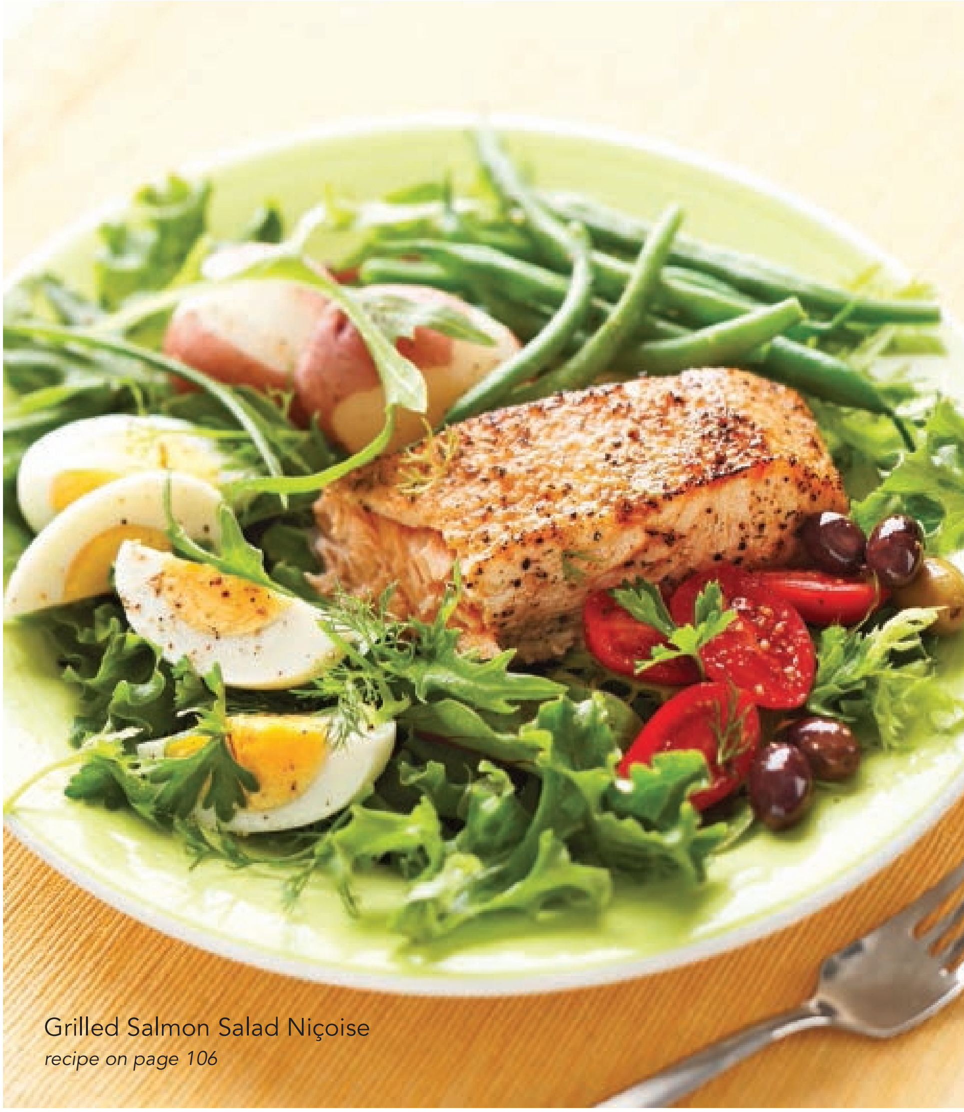
Spicy Egg-Stuffed Peppers

Sweet peppers make tasty, edible bowls to corral the zucchini and chicken sausage filling.

SERVINGS 4 (1 stuffed pepper each)
CARB. PER SERVING 11 g
PREP 35 minutes **BAKE** 10 minutes

- **4 medium yellow, red, and/or green sweet peppers and/or medium poblano chile peppers (see Test Kitchen Tip, *page 85*)**
- **2 teaspoons olive oil**
- **1 cup chopped zucchini**
- **½ cup chopped onion**
- **1 3-ounce link cooked habeñero-chile chicken sausage,* chopped**
- **4 eggs**
- **2 tablespoons fat-free milk**
- **¼ cup shredded Monterey Jack cheese (1 ounce)**

1. Preheat oven to 325°F. Slice tops from sweet peppers; remove and discard seeds. (Or if using poblano peppers, cut a thin slice from the side of each and discard seeds.) In a large saucepan or pot, cook peppers in a large amount of boiling water 3 to 5 minutes or just until tender. Invert peppers on paper towels to drain.
2. In a large skillet, heat oil over medium heat. Add zucchini, onion, and sausage; cook about 3 minutes or just until zucchini is tender, stirring occasionally. Remove vegetable mixture from skillet; set aside.
3. In a medium bowl, whisk together eggs and milk. Add egg mixture to hot skillet. Cook over medium heat, without stirring, until mixture begins to set on the bottom and around the edges. With a spatula or large spoon, lift and fold the partially cooked egg mixture so the uncooked portion flows underneath. Continue cooking over medium heat 2 to 3 minutes or until egg mixture is cooked through but still glossy and moist. Fold in vegetable mixture.



Grilled Salmon Salad Niçoise
recipe on page 106

4. In a 2-quart rectangular baking dish, arrange peppers open sides up. Spoon egg mixture into peppers. Sprinkle with cheese. Bake 10 to 15 minutes or until cheese is melted and egg mixture is heated through.
***TEST KITCHEN TIP:** You may substitute one 3-ounce link chicken sweet Italian sausage or 3 ounces cooked smoked turkey sausage, chopped. If using Italian chicken sausage or turkey sausage, add 1 fresh jalapeño chile pepper, seeded and finely chopped, to skillet with the sausage.
PER SERVING: 197 cal., 11 g total fat (4 g sat. fat), 235 mg chol., 285 mg sodium, 11 g carb., 3 g fiber, 14 g pro. Exchanges: 1.5 vegetable, 1.5 medium-fat meat, 1 fat. Carb choices: 1.

"Eggs can fit into a diabetes meal plan if cholesterol from other sources such as meats, poultry, and dairy products is limited."

—Toby Smithson, R.D., LDN, American Dietetic Association spokesperson

@ In a hurry at dinnertime? Try these 30-minute meals:
DiabeticLivingOnline.com/30-minute-meals

Super Breakfast Burritos

Spicy Vegetable Fried Rice

recipe on page 106

Chicken-Spinach Focaccia Sandwich

recipe on page 107

Super Breakfast Burritos

The next time you have overnight guests, treat them to these dynamite chile, bean, corn, and egg wraps for brunch.

SERVINGS 6 (1 burrito each)
CARB. PER SERVING 29 g
START TO FINISH 30 minutes

- **2 teaspoons olive oil**
- **2 medium fresh poblano chile peppers,* seeded and chopped**
- **3/4 cup canned black beans, rinsed and drained**
- **3/4 cup frozen corn, thawed**
- **1/3 cup purchased tomato salsa**
- **1/2 teaspoon ground cumin**
- **1/2 teaspoon chili powder**
- **6 eggs**
- **6 8-inch whole grain tortillas, warmed according to package directions**
- **3/4 cup shredded queso fresco or reduced-fat Monterey Jack cheese (3 ounces)**
- **1/4 cup snipped fresh cilantro**

1. In a large skillet, heat 1 teaspoon of the olive oil over medium heat. Add chile peppers; cook about 3 minutes or just until tender, stirring occasionally. Stir in beans, corn, salsa, cumin, and chili powder. Cook and stir about 2 minutes or until heated through. Remove vegetable mixture from skillet.
2. In a medium bowl, whisk together eggs, a dash *salt*, and a dash *black pepper*. In the same skillet, heat the remaining 1 teaspoon oil over medium heat. Pour in egg mixture. Cook, without stirring, until mixture begins to set on the bottom and around the edges. With a spatula or large spoon, lift and fold the partially cooked eggs so that the uncooked portion flows underneath. Continue cooking over medium heat 2 to 3 minutes or until egg mixture is cooked through but still glossy and moist. Remove from heat. Gently fold in vegetable mixture.
3. Spoon about 2/3 cup of the egg mixture down the center of each tortilla. Top with cheese and cilantro. Fold up sides of tortillas over filling. Roll up tortillas starting at one end. Cut in half before serving. If desired, serve with 1/2 cup additional salsa.

***TEST KITCHEN TIP:** Because chile peppers contain volatile oils that can burn your skin and eyes, avoid direct contact with them as much as possible. When working with chile peppers, wear plastic or rubber gloves. If your bare hands do touch the peppers, wash your hands and nails well with soap and warm water.

PER SERVING: 297 cal., 12 g total fat (4 g sat. fat), 216 mg chol., 602 mg sodium, 29 g carb., 12 g fiber, 20 g pro. Exchanges: 2 starch, 2 medium-fat meat. Carb choices: 2.

Whole eggs perform better in baked goods and custardlike recipes than egg whites and substitutes.

Egg options at a glance

Each of the egg varieties at the supermarket has pros and cons. Here is a closer look at some options:

Whole egg. *Pros:* 70 calories; inexpensive source of high-quality protein; 13 essential nutrients, such as riboflavin, choline, and phosphorous. *Cons:* 1 egg contains 213 mg cholesterol (the maximum daily cholesterol recommendation is 300 mg).

Egg white. *Pros:* Only 17 calories; no cholesterol. *Cons:* Contains about half the protein and few of the nutrients of whole eggs; whites can't be used to thicken sauces, soups, or custards because they do not have the lipoproteins found in yolks that bind ingredients.

Egg substitute. *Pros:* Typically substitutes are 99 percent egg whites, so they offer similar benefits to whites; enhanced with nutrients such as iron, folate, and vitamins; 1/4 cup substitute contains as much protein as one whole egg. *Cons:* Like whites, substitutes can't be used as thickeners; substitutes cost more than whole eggs.

Omega-3 egg. *Pros:* Usually contains 250–600 mg heart-healthy omega-3 fatty acids (in comparison, a 3-ounce serving of salmon yields about 1,000 mg omega-3s); higher in vitamin E. *Cons:* Often double the price of regular eggs.

Egg white powder. *Pros:* Easily reconstituted; shelf stable up to 12 months; typically pasteurized, reducing risk of salmonella infection. *Cons:* Similar to egg whites.

Mushroom and Herb Pizza

SERVINGS 8 (1/8 of pizza each)
CARB. PER SERVING 30 g
PREP 40 minutes **BAKE** 12 minutes

- 1 16-ounce loaf frozen honey-wheat bread dough, thawed
- 6 eggs*
- 1/3 cup fat-free milk*
- 1 tablespoon olive oil
- 3 cups sliced fresh mushrooms (8 ounces)
- 1/3 cup snipped fresh basil and/or parsley or 2 teaspoons dried Italian seasoning, crushed
- 1 tablespoon snipped fresh oregano (optional)
- 3 cloves garlic, minced
- 1 cup shredded part-skim mozzarella cheese (4 ounces)
- 1/4 cup finely shredded Parmesan cheese (1 ounce)

QUICK CONVERSION: Substitute 2 egg whites or 1/4 cup egg substitute for 1 whole egg to eliminate cholesterol and fat.

1. Preheat oven to 425°F. Lightly grease a 15×10×1-inch baking pan with *nonstick cooking spray*; set aside. On a lightly floured surface, roll bread dough to a 15×10-inch rectangle. If dough is difficult to roll out, let it rest a few minutes. Transfer dough to prepared baking pan. Press into prepared pan, building up edges slightly. Prick dough generously with a fork. Let dough stand 5 minutes. Bake about 10 minutes or until lightly browned. Let cool 5 minutes.

2. Meanwhile, in a medium bowl, whisk together eggs and milk.

3. Coat an unheated large nonstick skillet with nonstick spray. Preheat over medium heat. Pour in egg mixture. Cook, without stirring, until mixture begins to set on the bottom and around the edges. With a spatula or large spoon, lift and fold the partially cooked egg mixture so the uncooked portion flows underneath. Continue cooking over medium heat 2 to 3 minutes or until egg mixture is cooked through but still glossy and moist. Transfer eggs to a medium bowl; set aside.

4. In the same skillet, heat oil over medium heat. Add mushrooms, basil, oregano (if using), garlic, and 1/4 teaspoon *salt*; cook 5 to 7 minutes or just until mushrooms are tender, stirring occasionally. Fold cooked eggs into mushroom mixture.

5. Sprinkle mozzarella cheese over partially baked crust. Top evenly with egg mixture and Parmesan cheese.

6. Bake 12 to 15 minutes or until edges are golden brown and pizza is heated through. If desired, sprinkle with *black pepper* before serving.

***TEST KITCHEN TIP:** You may substitute 1 1/2 cups refrigerated or frozen egg product, thawed, for the eggs in this recipe; omit the milk if you choose this option.

PER SERVING: 274 cal., 11 g total fat (3 g sat. fat), 170 mg chol., 575 mg sodium, 30 g carb., 3 g fiber, 17 g pro. Exchanges: 0.5 vegetable, 2 starch, 1.5 medium-fat meat. Carb choices: 2.

Mushroom and Herb Pizza

Tomato, Spinach, and Feta Strata

Tomato, Spinach, and Feta Strata

SERVINGS 6 (1/6 of strata each)
CARB. PER SERVING 27 g
PREP 30 minutes **CHILL** 4 to 24 hours
BAKE 70 minutes **STAND** 10 minutes

- **4 cups whole grain bread cubes**
- **1 pound fresh asparagus, trimmed and cut into 1-inch pieces**
- **1 cup chopped onion**
- **2 cups fresh baby spinach**
- **6 eggs**
- **1 cup fat-free milk**
- **1/8 teaspoon sea salt or kosher salt**
- **2 plum tomatoes, thinly sliced**
- **1/2 cup reduced-fat feta cheese (2 ounces)**
- **1/4 cup snipped fresh basil**

1. Coat a 2-quart rectangular baking dish with *nonstick cooking spray.* Arrange half of the bread cubes in the prepared baking dish.

2. In a covered medium saucepan, cook asparagus and onion in a small amount of boiling water 2 to 3 minutes or just until tender; stir in spinach. Immediately drain well. Spoon half of the asparagus mixture over bread in baking dish. Top with the remaining bread cubes and the remaining asparagus mixture. Set aside.

3. In a large bowl, whisk together eggs, milk, salt, and 1/8 teaspoon *black pepper.* Pour evenly over mixture in baking dish. With the back of a large spoon, lightly press down layers. Arrange tomato slices on top. Top with feta cheese and basil. Cover with foil; refrigerate 4 to 24 hours.

4. Preheat oven to 325°F. Bake, covered, 30 minutes. Uncover; bake 40 minutes more or until center registers 180°F when tested with an instant-read thermometer (there will be some liquid left in the center that will be absorbed during standing). Let stand on a wire rack 10 minutes before serving.

PER SERVING: 247 cal., 9 g total fat (3 g sat. fat), 216 mg chol., 419 mg sodium, 27 g carb., 7 g fiber, 18 g pro. Exchanges: 1 vegetable, 1.5 starch, 1.5 medium-fat meat. Carb choices: 2.

Continued on page 106 »

fill your plate

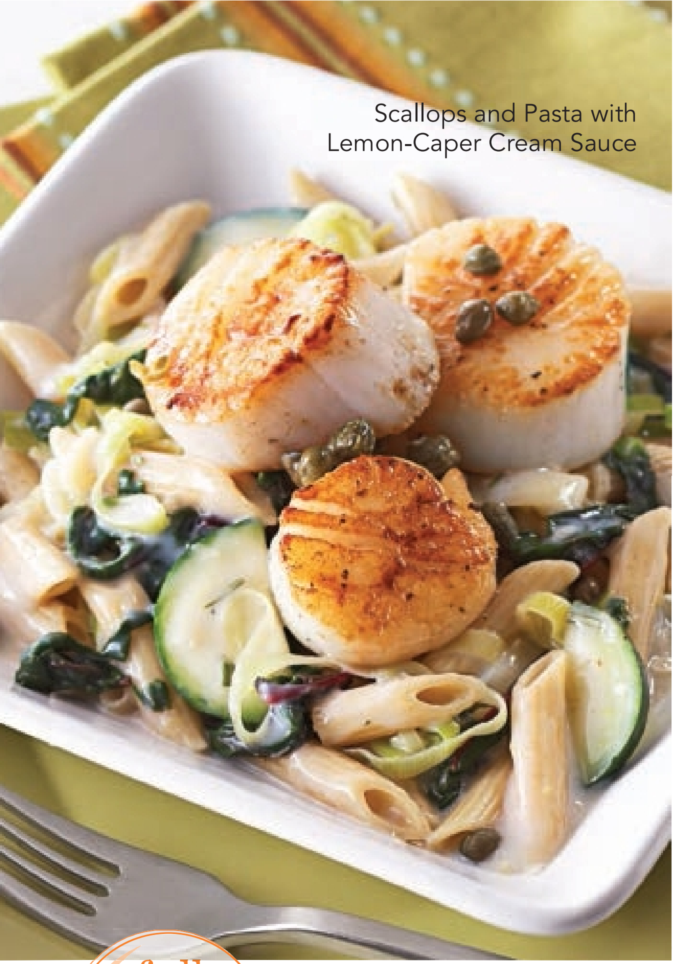
Cutting calories and counting carbohydrate may leave you feeling like your plate is half empty. Our portion-pumping tips give you more food on your plate without adding lots of calories or carbs. These supersize suppers are good for you. It's OK to clean your plate!

BY **Sheena Chihak, R.D.** RECIPES BY **Laura Marzen, R.D., L.D.**
PHOTOS BY **Scott Little** FOOD STYLING BY **Greg Luna**
PROP STYLING BY **Victoria DeGette**

full plate idea

Use low- or no-carb wraps such as cabbage or lettuce leaves. This recipe uses lettuce instead of tortillas, allowing you to eat three wraps instead of one. You can also try low-carb breads or small pita pockets, suggests Constance Brown-Riggs, R.D., CDE, spokesperson for the American Dietetic Association.

Chicken Salad
Lettuce Cups
recipe on page 107



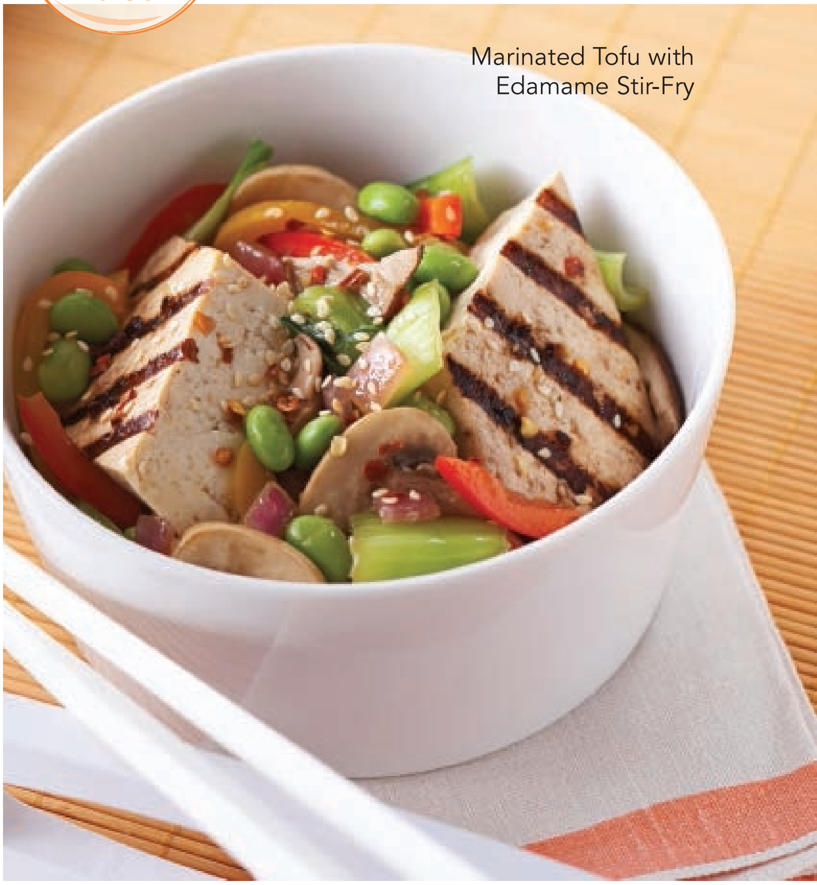
Scallops and Pasta with Lemon-Caper Cream Sauce

full plate idea

Add more food groups. Add a low-calorie protein and nonstarchy veggies to your carbohydrate-heavy dish for a more balanced meal and bigger portions.

full plate idea

Switch to soy. Soy ingredients such as tofu are very low in calories, so you can eat sizeable portions. Plus the protein punch helps keep you feeling full longer.



Marinated Tofu with Edamame Stir-Fry

Scallops and Pasta with Lemon-Caper Cream Sauce

SERVINGS 6 (about 1 cup pasta mixture and 2 or 3 scallops each)
CARB. PER SERVING 28 g
START TO FINISH 35 minutes

- **1½ pounds fresh or frozen sea scallops**
- **4 ounces dried multigrain penne or rotini pasta**
- **3 cups trimmed, coarsely shredded Swiss chard or kale**
- **1 zucchini, halved lengthwise and bias-sliced crosswise**
- **2 teaspoons olive oil**
- **2 medium leeks, trimmed and thinly sliced**
- **2 cloves garlic, minced**
- **2 cups fat-free milk**
- **2 tablespoons cornstarch**
- **2 teaspoons finely shredded lemon peel**
- **1½ teaspoons snipped fresh rosemary or thyme or ½ teaspoon dried rosemary or thyme, crushed**
- **2 tablespoons capers, drained**

1. Thaw scallops, if frozen. Rinse scallops; pat dry with paper towels and set aside. In a large saucepan, cook pasta according to package directions, adding chard and zucchini the last 4 minutes of cooking time. Drain and keep warm.

2. Meanwhile, lightly coat a large nonstick skillet with *nonstick cooking spray*. Preheat over medium-high heat. Sprinkle scallops with ¼ teaspoon *salt* and ⅛ teaspoon *black pepper*. Add scallops to skillet; cook 4 to 6 minutes or until scallops are opaque, turning once. Remove scallops from skillet; keep warm.

3. Add oil to hot skillet; reduce heat to medium. Add leeks and garlic; cook 3 to 5 minutes or until tender, stirring to scrape up any browned bits.

4. In a medium bowl, whisk together milk and cornstarch until smooth. Add to leek mixture along with lemon peel, rosemary, and ¼ teaspoon *salt*. Cook and stir until thickened and bubbly; cook and stir 2 minutes more. Add to pasta mixture, tossing to coat.

5. Divide pasta mixture among six plates. Top with scallops and capers.

PER SERVING: 247 cal., 3 g total fat (0 g sat. fat), 39 mg chol., 525 mg sodium, 28 g carb., 3 g fiber, 26 g pro. Exchanges: 1 vegetable, 1.5 starch, 2.5 lean meat. Carb choices: 2.

“Cut food into small pieces and all of a sudden it looks like you’ve got a lot more. Spread food out on the plate to make it look fuller.”

—Constance Brown-Riggs, R.D., CDE

Marinated Tofu with Edamame Stir-Fry

Cooking the tofu slices on a stove top grill pan browns them nicely.

SERVINGS 4 (1 slice tofu and about 1 cup vegetable mixture each)
CARB. PER SERVING 25 g
PREP 30 minutes **MARINATE** 30 minutes
COOK 6 minutes

- ¼ cup rice vinegar
- 2 tablespoons reduced-sodium soy sauce
- 2 tablespoons toasted sesame oil
- 1 tablespoon honey
- 1 tablespoon finely chopped, peeled fresh ginger or 1 teaspoon ground ginger
- 2 cloves garlic, minced
- 1 16- to 18-ounce package firm or extra-firm tofu (fresh bean curd), drained and cut into 4 slices
- 3 cups sliced, stemmed shiitake mushrooms and/or button mushrooms
- 2 medium red, yellow, and/or orange sweet peppers, seeded and cut into bite-size strips
- ½ cup chopped red onion
- 4 cups coarsely shredded bok choy
- 1 cup frozen shelled sweet soybeans (edamame), thawed
- ½ teaspoon cornstarch
- 1 tablespoon sesame seeds, toasted
- ¼ teaspoon crushed red pepper (optional)

Mushroom-Tomato Stuffed Pork Loin
recipe on page 107

full plate idea

Make a stuffing. Stuff pork, chicken, and other meats with low-fat, low-carbohydrate ingredients to enjoy more slices.

1. For marinade: In a 2-quart rectangular baking dish, combine vinegar, soy sauce, 1 tablespoon of the sesame oil, the honey, ginger, and garlic. Add tofu slices, turning to coat. Marinate at room temperature 30 minutes, turning tofu once halfway through marinating time.

2. Coat an unheated nonstick grill pan with *nonstick cooking spray.* Preheat over medium-high heat. Transfer tofu slices to grill pan, reserving marinade in the baking dish. Cook tofu 4 to 6 minutes or until heated through and starting to brown, turning once halfway through cooking.

3. Meanwhile, in a large nonstick skillet, heat the remaining 1 tablespoon sesame oil over medium-high heat. Add mushrooms, sweet peppers, and red onion. Cook and stir 3 to 5 minutes or until crisp-tender. Add bok choy and edamame. Cook and stir 2 to 3 minutes more or until bok choy is wilted. Whisk cornstarch into the reserved marinade; add to vegetable mixture. Cook and stir until thickened and bubbly; cook and stir 1 minute more.

4. Divide vegetable mixture among four serving bowls or plates. If desired, cut tofu slices in half. Place tofu on top of vegetable mixture. Sprinkle with sesame seeds and, if desired, crushed red pepper.

PER SERVING: 323 cal., 15 g total fat (1 g sat. fat), 0 mg chol., 323 mg sodium, 25 g carb., 6 g fiber, 21 g pro. Exchanges: 2.5 vegetable, 1 starch, 2 lean meat, 2 fat. Carb choices: 1.5.

Steak and Vegetables with Chimichurri Sauce

full plate idea

Cook using methods that require no added fat. Grilling, roasting, and baking are some to consider.

Steak and Vegetables with Chimichurri Sauce

Grilling the vegetables alongside the meat makes this a snap to prepare.

SERVINGS 4 (about 3 ounces cooked meat, 1 tomato skewer, ½ of a zucchini, ¼ of a red onion, and 2½ tablespoons Chimichurri Sauce each)

CARB. PER SERVING 13 g

PREP 30 minutes **GRILL** 14 minutes

- 1 pound boneless beef top sirloin steak, cut 1 inch thick
- ½ teaspoon chili powder
- 2 cups grape tomatoes or cherry tomatoes
- 2 medium zucchini and/or yellow summer squash, trimmed and halved lengthwise
- 1 small red onion, cut into ½-inch-thick slices
- 1 recipe Chimichurri Sauce *(right)*

1. Trim fat from steak. Cut steak into four equal portions. Sprinkle chili powder and ⅛ teaspoon *salt* over the steak. Thread tomatoes onto four 6- to 8-inch skewers.* Lightly coat tomatoes and both sides of the zucchini and red onion slices with *nonstick cooking spray.* Sprinkle vegetables with another ⅛ teaspoon *salt.*

2. Place steak, tomato skewers, and vegetable slices on the rack of an uncovered grill directly over medium coals. Grill steak until desired doneness, turning once halfway through cooking. Allow 14 to 18 minutes for medium-rare doneness (145°F) or 18 to 22 minutes for medium doneness (160°F). Grill zucchini and onion slices 10 to 12 minutes or until tender and lightly charred in places, turning occasionally. Grill tomatoes 4 to 6 minutes or just until softened and lightly charred, turning once. (For a gas grill, preheat grill. Reduce heat to medium. Place steak, tomato skewers, and vegetable slices on grill rack over heat. Cover and grill as at left.)

3. Slice steak and divide among four serving plates. Serve with grilled tomatoes, vegetable slices, and Chimichurri Sauce.

CHIMICHURRI SAUCE: In a blender or food processor, combine 1 cup fresh Italian (flat-leaf) parsley; ½ cup lightly packed fresh cilantro; ¼ cup white wine vinegar; 2 tablespoons water; 1 tablespoon olive oil; 6 cloves garlic, minced; ¼ teaspoon salt; ¼ teaspoon ground black pepper; and, if desired, ¼ teaspoon crushed red pepper. Cover and blend or process with several on/off pulses until chopped but not pureed. Makes about ⅔ cup.

***TEST KITCHEN TIP:** If using wooden skewers, soak in enough water to cover for 30 minutes before using.

PER SERVING: 245 cal., 9 g total fat (2 g sat. fat), 48 mg chol., 387 mg sodium, 13 g carb., 4 g fiber, 28 g pro. Exchanges: 2 vegetable, 3.5 lean meat, 1 fat. Carb choices: 1.

> "Many people eat with their eyes. Serve your food on smaller plates, like salad plates, to make food appear bigger and satisfy physical and psychological hunger cues."
>
> *—Constance Brown-Riggs, R.D., CDE*

Caribbean Couscous Salad

Look for whole wheat couscous in the grains section of a large supermarket.

SERVINGS 10 (2/3 cup each)
CARB. PER SERVING 29 g
PREP 20 minutes **STAND** 5 minutes
COOL 10 minutes

- **1 cup whole wheat couscous**
- **1 15-ounce can black beans, rinsed and drained**
- **2 cups coarsely shredded fresh spinach**
- **1 medium red sweet pepper, seeded and coarsely chopped**
- **1 medium mango, peeled, seeded, and chopped**
- **1/4 cup thinly sliced green onions**
- **1 recipe Ginger-Lime Vinaigrette *(right)***

1. In a medium saucepan, bring 1 1/4 cups *water* to boiling. Remove from heat. Stir in couscous; cover and let stand 5 minutes. Fluff with a fork. Let stand at room temperature about 10 minutes or until cool.

2. In a large bowl, stir together beans, spinach, sweet pepper, mango, and green onions. Add couscous and Ginger-Lime Vinaigrette. Toss to coat. Serve immediately or cover and chill in the refrigerator up to 24 hours.

GINGER-LIME VINAIGRETTE: In a small bowl, whisk together 1/4 cup snipped fresh cilantro, 3 tablespoons lime juice, 2 tablespoons canola oil, 1 1/2 teaspoons grated fresh ginger or 1/2 teaspoon ground ginger, 1/8 teaspoon salt, and 1/8 teaspoon cayenne pepper.

PER SERVING: 156 cal., 3 g total fat (0 g sat. fat), 0 mg chol., 142 mg sodium, 29 g carb., 6 g fiber, 6 g pro. Exchanges: 2 starch. Carb choices: 2.

Continued on page 107 »

Side-dish fillers

If there's room on your plate (and in your meal plan) for a side dish, give these spring-inspired recipes a try.

Spring Risotto
recipe on page 108

Reduce fat to cut calories so you can enjoy a larger serving. Risotto commonly has high-fat cheese and butter; this recipe omits cheese and swaps a small amount of olive oil for the butter.

New Potato-Cabbage Salad
recipe on page 108

Extend this dish with nonstarchy vegetables. Mix higher-carbohydrate starchy veggies, such as potatoes and corn, with low-carbohydrate veggies, such as cabbage and carrots, for a bigger serving.

Caribbean Couscous Salad

Bulk up a dish with beans to add protein and fiber. If you use insulin-to-carb ratios and a serving has more than 5 grams of fiber, subtract half the fiber grams from total carbohydrate grams, Brown-Riggs says.

splurge-worthy chocolate

With these carb-smart desserts, life is unlike a box of chocolates because you know exactly what you're going to get. Our nutrition information tells you everything so you can plan for an indulgence.

Mini Raspberry-Chocolate Tarts
recipe on page 109

BY **Sheena Chihak, R.D.**
RECIPES BY **Laura Marzen R.D., L.D.**
PHOTOS BY **Blaine Moats**
FOOD STYLING BY **Greg Luna** AND **Dianna Nolin**
PROP STYLING BY **Sue Mitchell**

"If you're thinking about having dessert, plan ahead and manage your meal to accommodate it." Save a serving or two of carbohydrate from your meal to spend on dessert.

—Amanda Kirpitch, M.A., R.D., CDE, Joslin Diabetes Center, Boston

Silky Chocolate Pie
recipe on page 109

Triple Chocolate-Hazelnut Frozen Mousse

Triple Chocolate-Hazelnut Frozen Mousse

SERVINGS 10 (1 wedge each)
CARB. PER SERVING 18 g
PREP 45 minutes
FREEZE 1 hour + 2 to 24 hours

- **1½ 8-ounce packages fat-free cream cheese, softened**
- **2 ounces dark chocolate or bittersweet chocolate, melted and cooled slightly**
- **1 8-ounce container frozen light whipped dessert topping, thawed**
- **2 ounces white baking chocolate (with cocoa butter), melted and cooled slightly**
- **2 ounces milk chocolate, melted and cooled slightly**
- **3 tablespoons hazelnuts, toasted* and chopped**

1. Line an 8×4×2- or 9×5×3-inch loaf pan with heavy foil, extending foil up over the edges of the pan; set aside. In a medium bowl, beat one-third of the cream cheese with an electric mixer on medium speed 30 seconds. Beat in the 2 ounces melted dark chocolate. Fold in about one-third of the dessert topping. Spread mixture evenly in the prepared pan. Cover and freeze about 30 minutes or just until firm.

2. Meanwhile, in another medium bowl, beat half of the remaining cream cheese with an electric mixer on medium speed 30 seconds. Beat in melted white chocolate. Fold in half of the remaining dessert topping. Spread white chocolate mixture over frozen dark chocolate layer in pan. Cover and freeze 30 minutes or just until firm.

3. Meanwhile, place remaining cream cheese in another medium bowl. Beat with an electric mixer on medium speed 30 seconds. Beat in melted milk chocolate. Fold in remaining dessert topping. Spread milk chocolate mixture evenly over the frozen white chocolate layer in pan. Sprinkle with hazelnuts. Cover and freeze 2 to 24 hours.

4. To serve, using edges of foil, lift the mousse out of the pan. If necessary, let stand at room temperature about 20 minutes to soften. Cut crosswise into 10 wedges. If desired, melt together 1 ounce *dark chocolate* and ½ teaspoon *shortening;* drizzle over slices.

***TEST KITCHEN TIP:** To toast hazelnuts, preheat oven to 350°F. Spread nuts in a shallow baking pan. Bake 8 to 10 minutes or until nut portions visible through skin appear lightly browned. Stir once or twice to prevent burning. Wrap slightly cooled nuts in clean kitchen towel; rub to remove skins.

1/10 **PER SERVING:** 195 cal., 10 g total fat (6 g sat. fat), 6 mg chol., 257 mg sodium, 18 g carb., 1 g fiber, 7 g pro. Exchanges: 1 carb., 0.5 lean meat, 2 fat. Carb choices: 1.

Choosing chocolate

For a great chocolate dessert, you need to start with great chocolate. Here's what to look for to get the best quality:

Appearance: The surface should be glossy and an even color; there should be no gray areas (called bloom).

Sound: When broken, chocolate should make a crisp snapping sound; it should not crumble or break in layers.

Aroma: Good chocolate should have a pleasing natural chocolate aroma; it should not smell like the wrapping materials.

Chocolate-Peanut Butter Molten Cupcakes
recipe on page 109

German Chocolate Trifle
recipe on page 110

Chocolate Chunk Cherry Cookies

Store chocolate tightly wrapped in a cool, dry place. Keep away from other aromatic foods and spices.

Chocolate Chunk Cherry Cookies

Satisfy your chocolate craving yet stick to your diet with these chewy, chock-full-of-chocolate cookies.

SERVINGS about 28 (1 cookie each)
CARB. PER SERVING 14 g or 10 g
PREP 30 minutes **BAKE** 8 minutes per batch **COOL** 1 minute per batch

- 1/4 cup tub-style vegetable oil spread
- 1/3 cup packed brown sugar*
- 1/3 cup granulated sugar*
- 1/2 teaspoon baking soda
- 1/4 cup refrigerated or frozen egg product, thawed, or 1 egg
- 2 tablespoons unsweetened cocoa powder
- 1 teaspoon vanilla
- 2/3 cup flour
- 2/3 cup rolled oats
- 1/4 cup flaxseed meal
- 4 ounces dark chocolate, chopped
- 2 ounces white baking chocolate, chopped
- 1/2 cup dried tart cherries, coarsely chopped

1. Preheat oven to 350°F. In a large bowl, beat vegetable oil spread with an electric mixer on medium to high speed 30 seconds. Add brown sugar, granulated sugar, baking soda, and 1/8 teaspoon *salt*. Beat until well mixed, scraping side of bowl occasionally. Beat in egg, cocoa powder, and vanilla until combined. Beat in flour. Using a wooden spoon, stir in rolled oats and flaxseed meal. Stir in 3 ounces of the dark chocolate, 2 tablespoons of the white chocolate, and 1/3 cup of the cherries.

2. Drop dough by rounded teaspoons 2 inches apart onto ungreased cookie sheets. Top with remaining dark chocolate, white chocolate, and cherries. Bake 8 to 10 minutes or until edges are set. Let cookies cool on cookie sheets 1 minute. Transfer cookies to wire racks; let cool.

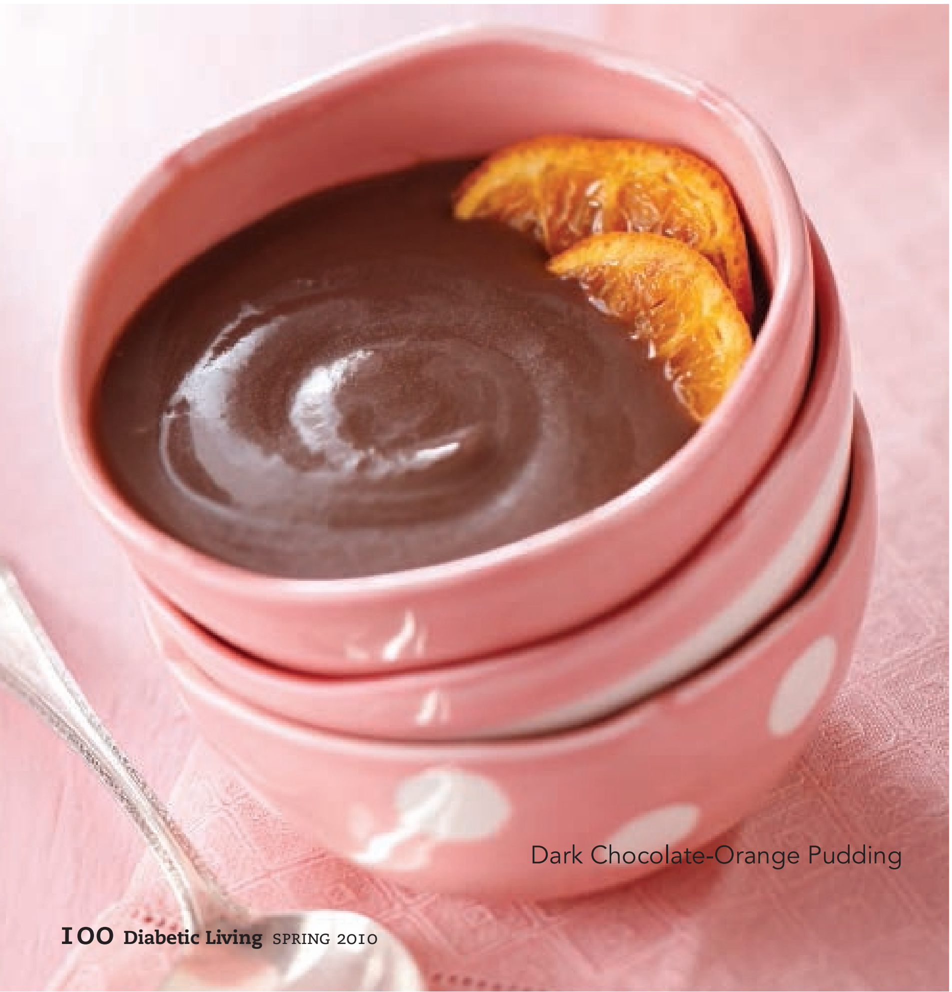
***SUGAR SUBSTITUTES:** Choose from Sugar Twin Granulated Brown or Sweet'N Low Brown to substitute for the brown sugar. Choose Splenda Sugar Blend for Baking to substitute for the granulated sugar. Follow package directions to use product amount equivalent to 1/3 cup brown sugar or 1/3 cup granulated sugar.

TO STORE: Layer cookies between waxed paper in an airtight container. Cover and seal. Store at room temperature up to 5 days or freeze up to 1 month.

PER SERVING: 84 cal., 4 g total fat (2 g sat. fat), 0 mg chol., 53 mg sodium, 14 g carb., 1 g fiber, 1 g pro. Exchanges: 1 carb., 0.5 fat. Carb choices: 1.

PER SERVING WITH SUBSTITUTE: Same as above, except 70 cal., 10 g carb. Exchanges: 0.5 carb. Carb choices: 0.5.

Chocolate Ravioli
recipe on page 111



Dark Chocolate-Orange Pudding

Dark Chocolate-Orange Pudding

SERVINGS 5 (½ cup each)
CARB. PER SERVING 30 g
PREP 30 minutes **CHILL** 2 to 24 hours

- ⅓ cup sugar*
- 2 tablespoons cornstarch
- 2 tablespoons unsweetened cocoa powder
- 2¼ cups fat-free milk
- ¼ cup refrigerated or frozen egg product, thawed, or 1 egg, lightly beaten
- 2 ounces dark chocolate, finely chopped
- 1 tablespoon tub-style vegetable oil spread
- 1 teaspoon vanilla
- 1 teaspoon finely shredded orange peel

1. In a medium saucepan, combine sugar, cornstarch, and cocoa powder. Gradually stir in milk. Cook and stir over medium heat until thickened and bubbly; reduce heat. Cook and stir 2 minutes more. Remove from heat. Gradually stir about ¼ cup of the hot milk mixture into egg. Gradually stir another ¼ cup of the milk mixture into egg. Add egg mixture and chocolate to the remaining milk mixture in saucepan. Bring to gentle boil, whisking constantly; reduce heat. Cook and whisk 2 minutes more. Remove from heat.
2. Whisk in vegetable oil spread, vanilla, and orange peel. Place saucepan in a very large bowl half-filled with ice water. Whisk pudding constantly 2 minutes to cool quickly. Transfer pudding to a medium bowl. Cover surface of pudding with plastic wrap. Chill 2 to 24 hours.
3. Spoon pudding into dishes. If desired, garnish with *orange slices*.
***SUGAR SUBSTITUTES:** We do not recommend sugar substitutes for this recipe.

PER SERVING: 196 cal., 6 g total fat (3 g sat. fat), 2 mg chol., 102 mg sodium, 30 g carb., 1 g fiber, 6 g pro. Exchanges: 1 milk, 1.5 carb., 1 fat. Carb choices: 2.

Before melting chocolate, chop it into similar size pieces for even heating.

Layered Brownies
recipe on page 111

Milk Chocolate-Strawberry Ice Cream

Milk Chocolate-Strawberry Ice Cream

Can't decide between chocolate and strawberry? Enjoy both flavors in this rich and creamy homemade ice cream.

SERVINGS 10 (about ½ cup each)
CARB. PER SERVING 24 g or 15 g
PREP 30 minutes **COOK** 15 minutes
CHILL 8 to 24 hours
FREEZE according to manufacturer's directions + 4 hours

- 6 ounces milk chocolate, chopped
- 2½ cups reduced-fat milk (2%)
- ½ cup sugar*
- 2 eggs, lightly beaten
- 1 teaspoon vanilla
- 1 cup chopped fresh strawberries

1. Reserve ¼ cup of the chopped chocolate; cover and set aside. In a medium saucepan, stir together the remaining chopped chocolate, the milk, and sugar. Cook over medium heat just until boiling, whisking constantly. Whisk about ½ cup of the milk mixture into the eggs. Return egg mixture to the remaining milk mixture in saucepan. Cook and stir 1 minute (do not boil). Remove from heat and place saucepan in a large bowl half-filled with ice water; stir constantly 2 minutes. Strain through a fine-mesh sieve into a bowl; stir in vanilla. Cover and chill 8 to 24 hours.

2. Pour chilled mixture into a 1½-quart ice cream freezer. Freeze according to manufacturer's directions. Stir in the reserved ¼ cup chopped chocolate and the strawberries. Transfer mixture to a 2-quart freezer container. Cover and freeze 4 hours before serving. Scoop into small dessert dishes to serve.

***SUGAR SUBSTITUTES:** Choose Splenda granular. Follow package directions to use product amount equivalent to ½ cup sugar.

PER SERVING: 181 cal., 7 g total fat (5 g sat. fat), 51 mg chol., 55 mg sodium, 24 g carb., 1 g fiber, 5 g pro. Exchanges: 1.5 carb., 1.5 fat. Carb choices: 1.5.

PER SERVING WITH SUBSTITUTE: Same as above, except 146 cal., 15 g carb. Exchanges: 1 carb. Carb choices: 1.

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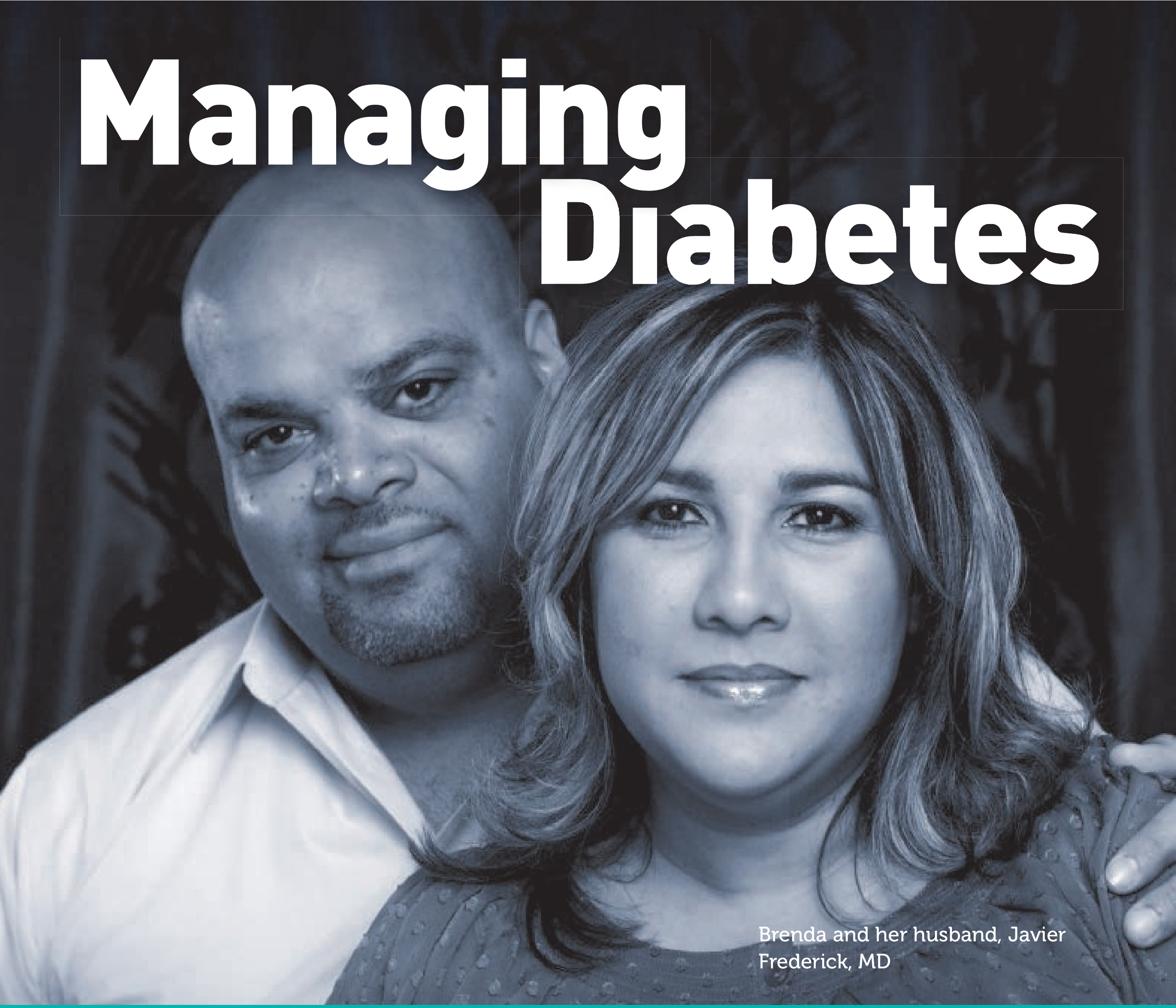
@ Find more delicious, carb-conscious chocolate recipes at **DiabeticLivingOnline.com/chocolate**

Managing Diabetes



Brenda and her husband, Javier
Frederick, MD

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spread & butter

Butter or margarine? Or something else entirely? We've reviewed the myriad spreads on the market to help you make healthful choices.

BY **Marsha McCulloch, R.D., L.D.**
PHOTOS BY **Scott Little**
FOOD STYLING BY **Greg Luna**

Not long ago, experts thought margarine was better than butter because it's lower in saturated fat and cholesterol-free. Then studies revealed the trans fat in margarine increases risk of cardiovascular disease more than dietary saturated fat or cholesterol.

Countless studies show trans fat raises LDL (bad) cholesterol and total cholesterol levels, lowers HDL (good) cholesterol, and raises triglycerides (artery-clogging fat). Emerging animal studies suggest trans fat may promote weight gain and storage of fat internally as belly fat, as well as insulin resistance.

Government recommendations advise we eat as little trans fat as possible. And the American Heart Association specifies that we should limit trans fat to less than 1 percent of our daily calories, which is about 2 grams a day for someone eating an average 2,000-calorie diet.

Since 2006, the U.S. Food and Drug Administration (FDA) has required companies to list trans fat grams on nutrition labels. That's prompted many manufacturers to reformulate foods to reduce or eliminate trans fat.

Cutting trans fat in spreads while maintaining good flavor and texture is tricky. Companies often use highly saturated fats, such as palm kernel oil, or chemically processed fats to replace trans fat. The long-term impact of such swaps is uncertain.

So what should you spread on your toast? We scoured the labels to bring you the most healthful picks.

Spot trans fat

First, check the nutrition label for trans fat grams. If zero, check the ingredients list for partially hydrogenated oil. These words mean the product contains trans fat, but if the amount per serving is less than 0.5 gram, it's rounded to zero on the label.

Less than half a gram may sound insignificant, but if you're eating more than one serving of these spreads, plus other packaged foods with small amounts of partially hydrogenated oil, your trans fat intake could easily top the limit.

Real butter is not off-limits, but opt for whipped butter to cut calories and fat in half. Use it to top veggies and bread.

Spread shopping guide

We gathered a sampling of smart vegetable oil- and butter-base spreads with no partially hydrogenated oil (trans fat) and limited saturated fat.

	BRAND	NUTRITION*	PRICE	BEST USES	COMMENTS
SPREAD	**Earth Balance Natural Buttery Spread Made with Olive Oil**	1 tbsp. = 80 cal., 9 g fat (2.5 g sat. fat), 70 mg sodium	$3.99/ 13 oz.	Topping, cooking	Contains soybean, palm fruit, and extra virgin olive oils. Palm fruit oil (palm oil) has half the saturated fat of palm kernel oil (from the palm fruit seed). Dairy-free.
SPREAD	**I Can't Believe It's Not Butter! Fat Free**	1 tbsp. = 5 cal., 0 g fat, 90 mg sodium	$2.38/ 15 oz.	Topping	Main ingredient is water mixed with emulsifiers, starch, salt, gelatin, flavorings, and other ingredients to mimic the texture and taste of butter.
SPREAD	**Smart Balance Omega Buttery Spread**	1 tbsp. = 80 cal., 8 g fat (2.5 g sat. fat), 85 mg sodium	$3.19/ 15 oz.	Topping, cooking, baking	Made from a natural blend of soybean, palm fruit, fish, flaxseed, canola, and olive oils. Contains a bit of heart-healthy EPA and DHA omega-3 fats from fish oil.
SPREAD	**Smart Balance Omega Light Buttery Spread**	1 tbsp. = 50 cal., 5 g fat (1.5 g sat. fat), 80 mg sodium	$3.19/ 15 oz.	Topping	Light spreads have added water, so they don't work for baking. Use spreads with at least 60 percent oil for baking. This one is 39 percent oil, as noted on the tub. Dairy-free.
SPREAD	**Smart Balance HeartRight Light Buttery Spread**	1 tbsp. = 45 cal., 5 g fat (1.5 g sat. fat), 80 mg sodium	$3.95/ 12 oz.	Topping	Each serving has 1.7 mg of plant sterols, which are plant substances that block cholesterol absorption in the digestive system, helping to lower your cholesterol level.
SPREAD	**Spectrum Naturals Spread**	1 tbsp. = 90 cal., 10 g fat (0.5 g sat. fat), 55 mg sodium	$3.89/ 10 oz.	Topping, cooking	Made from heart-healthy, expeller-pressed (mechanically rather than chemically extracted) canola oil. Measure portion size to control calories. Dairy-free.
SQUEEZE	**Smart Beat Smart Squeeze Nonfat Margarine Spread**	1 tbsp. = 5 cal., 0 g fat, 1 g carb., 100 mg sodium	$3.07/ 12 oz.	Topping	Primarily a mix of water, starch, salt, and natural and artificial colors and flavors to mimic the taste and appearance of margarine. Dairy-free.

For baking, use spreads with at least 60 percent oil rather than light spreads.

	BRAND		NUTRITION*	PRICE	BEST USES	COMMENTS
BUTTER/OIL BLEND		**Land O'Lakes Light Butter with Canola Oil**	1 tbsp. = 50 cal., 5 g fat (2 g sat. fat), 5 mg chol., 90 mg sodium	$1.99/ 8 oz.	Topping	This blend of water, butter, and canola oil saves 50 calories and 6 grams of fat per serving compared with butter. It spreads easily straight from the fridge.
BUTTER/OIL BLEND		**Smart Balance Butter Blend Sticks with Omega-3**	1 tbsp. = 100 cal., 11 g fat (5 g sat. fat), 15 mg chol., 100 mg sodium	$3.49/ 16 oz.	Topping, cooking, baking	This 50/50 blend of oil and butter saves 2 grams of saturated fat per serving compared with regular butter, although total fat and calories are the same as butter.
BUTTER		**Land O'Lakes All Natural Whipped Butter**	1 tbsp. = 50 cal., 6 g fat (3.5 g sat. fat), 15 mg chol., 50 mg sodium	$1.99/ 8 oz.	Topping	Whipped butter has air beaten into it to cut fat without using undesirable additives. Per serving, it has 6 grams of fat compared with 11 grams of fat in stick butter.
BUTTER		**Organic Valley Whipped Butter**	1 tbsp. = 50 cal., 6 g fat (3.5 g sat. fat), 15 mg chol., 40 mg sodium	$3.49/ 8 oz.	Topping	No synthetic hormones, antibiotics, or pesticides. Whipped butter is easier to spread than stick butter when cold, but it spreads best after 20 minutes at room temperature.
SPRAY		**I Can't Believe It's Not Butter! Spray**	5 sprays = 0 cal., 0 g fat, 15 mg sodium	$2.73/ 8 oz.	Topping	This mix of water and soybean oil has zero calories because fat (and other nutrient) amounts less than 0.5 gram per serving are rounded to zero. Count number of sprays.
SPRAY		**Smart Balance Buttery Burst Spray with Organic Soy**	5 sprays = 0 cal., 0 g fat, 24 mg sodium	$2.10/ 8 oz.	Topping	The soybeans and soy oil in this spray are organic, so you know they're not genetically modified (a controversial practice that alters plant genes).
SPRINKLE		**Butter Buds Sprinkles**	1 tsp. = 10 cal., 0 g fat, 2 g carb., 60 mg sodium	$2.99/ 2.5 oz.	Topping	Sprinkle this powdered product on hot, moist foods such as baked potatoes to add butter flavor with minimal calories. Find it in the spice section of stores.

*Products have 0 grams of carbohydrate and cholesterol per serving unless otherwise noted.

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» good eggs

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Grilled Salmon Salad Niçoise

This captivating combo gives salad niçoise a twist by substituting grilled salmon for the classic tuna.

SERVINGS 6 (about 1 ounce cooked salmon, 2/3 of an egg, 1 cup greens, 3/4 cup vegetables, and 1 1/2 tablespoons vinaigrette each)
CARB. PER SERVING 12 g
PREP 20 minutes **COOK** 15 minutes
GRILL 4 to 6 minutes per 1/2-inch thickness of fish

- **2 4- to 5-ounce fresh or frozen skinless salmon fillets**
- **8 tiny new potatoes**
- **8 ounces fresh green beans, trimmed**
- **1/4 teaspoon lemon-pepper seasoning**
- **6 cups torn mixed salad greens**
- **8 grape tomatoes or cherry tomatoes, halved**
- **1/2 cup snipped fresh chives**
- **4 hard-cooked eggs, cut into wedges**
- **1/4 cup niçoise olives, pitted, and/or other pitted olives**
- **1 recipe Lemon Vinaigrette *(right)***

1. Thaw salmon, if frozen. Rinse salmon; pat dry with paper towels. Set aside. Peel a strip around the center of each potato. In a covered saucepan, cook potatoes in enough lightly salted boiling water to cover for 10 minutes. Add green beans. Return to boiling; reduce heat. Cover and simmer 5 minutes more or until potatoes and beans are tender. Drain. Rinse with cold water; drain again. Set aside.
2. Meanwhile, measure thickness of salmon fillets. Sprinkle salmon with lemon-pepper seasoning. Lightly coat both sides of salmon fillets with *nonstick cooking spray.*
3. Place salmon fillets on the rack of an uncovered grill directly over medium coals. Grill 4 to 6 minutes per 1/2-inch thickness or until fish flakes easily when tested with a fork, turning once halfway through grilling if fish is over 3/4 inch thick. (For a gas grill, preheat grill. Reduce heat to medium. Place salmon fillets on grill rack over heat. Cover and grill as above.) Cut salmon into six serving-size pieces.
4. Line six plates with salad greens. Arrange salmon, potatoes, green beans, tomatoes, chives, eggs, and olives on greens. Drizzle with Lemon Vinaigrette.

LEMON VINAIGRETTE: In a screw-top jar, combine 1/2 teaspoon finely shredded lemon peel; 1/4 cup lemon juice; 3 tablespoons olive oil; 1 clove garlic, minced; 1/8 teaspoon salt; and 1/8 teaspoon black pepper. Cover and shake well. Makes about 1/2 cup.

PER SERVING: 262 cal., 18 g total fat (4 g sat. fat), 162 mg chol., 221 mg sodium, 12 g carb., 4 g fiber, 14 g pro. Exchanges: 2 vegetable, 1.5 medium-fat meat, 2 fat. Carb choices: 1.

Spicy Vegetable Fried Rice

Sriracha chile sauce is a Thai seasoning made from sun-ripened chiles and vinegar. It's used in Southeast Asian cooking much the same way U.S. cooks use ketchup.

SERVINGS 4 (1 cup each)
CARB. PER SERVING 31 g
START TO FINISH 30 minutes

- **4 eggs**
- **1 tablespoon olive oil**
- **1 tablespoon finely chopped, peeled fresh ginger**
- **2 cloves garlic, minced**
- **2 cups chopped Chinese (napa) cabbage**
- **1 cup coarsely shredded carrots**
- **1 cup fresh pea pods, trimmed**
- **2 cups cooked brown rice**
- **1/3 cup sliced green onions**
- **2 tablespoons reduced-sodium soy sauce**
- **1 to 2 teaspoons Sriracha chile sauce**
- **2 tablespoons snipped fresh cilantro**
- **Lime slices or wedges**

1. In a small bowl, whisk together eggs and 2 tablespoons *water.* Coat an unheated 12-inch nonstick skillet with *nonstick cooking spray.* Preheat skillet over medium heat. Pour in egg mixture. Cook, without stirring, until mixture begins to set on the bottom and around the edges. With a spatula or large spoon, lift and fold the partially cooked eggs so the uncooked portion flows underneath. Continue cooking over medium heat 2 to 3 minutes or until egg mixture is cooked through but still glossy and moist, keeping eggs in large pieces. Carefully transfer eggs to a medium bowl; set aside.
2. In the same skillet, heat oil over medium-high heat. Add ginger and garlic; cook 30 seconds. Add cabbage, carrots, and pea pods; cook and stir 2 minutes. Stir in cooked eggs, brown rice, green onions, soy sauce, and chile sauce; cook and stir about 2 minutes or until heated through. Top with cilantro. Serve with lime slices.

PER SERVING: 250 cal., 9 g total fat (2 g sat. fat), 212 mg chol., 367 mg sodium, 31 g carb., 4 g fiber, 11 g pro. Exchanges: 1 vegetable, 1.5 starch, 1.5 medium-fat meat, 0.5 fat. Carb choices: 2.

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Chicken-Spinach Focaccia Sandwich

A Microplane or grater makes quick work of shredding hard-cooked eggs.

SERVINGS 6 (1 wedge each)
CARB. PER SERVING 21 g
START TO FINISH 25 minutes

- 1 8-inch Italian flatbread (focaccia)
- 1/4 cup light mayonnaise
- 1/4 cup chopped bottled roasted red sweet peppers
- 1 teaspoon capers, drained (optional)
- 2 cups fresh baby spinach
- 2 cups shredded cooked chicken breast (10 ounces)
- 1 tomato, quartered and sliced
- 1/4 cup thinly sliced red onion, cooked if desired*
- 2 hard-cooked eggs, shredded

1. Halve focaccia horizontally. Wrap and save the top half for another use. Set aside the bottom half. In a small bowl, combine mayonnaise, roasted red peppers, and, if using, capers. Spread mayonnaise mixture over the cut side of the focaccia half.
2. Arrange spinach on top of the mayonnaise mixture. Top with chicken, tomato, red onion, and eggs. Cut into six wedges.

***TEST KITCHEN TIP:** To cook red onion, coat a medium skillet with *nonstick cooking spray*. Preheat over medium heat. Add onion. Cook 5 to 10 minutes or until tender and lightly browned.

CIABATTA SANDWICHES: Substitute 6 multigrain ciabatta rolls, split, for the focaccia. Spread mayonnaise mixture on cut sides of roll bottoms. Top with spinach, chicken, tomato, red onion, eggs, and roll tops.

PER SERVING: 241 cal., 8 g total fat (2 g sat. fat), 114 mg chol., 132 mg sodium, 21 g carb., 2 g fiber, 21 g pro. Exchanges: 0.5 vegetable, 1 starch, 2.5 lean meat, 1 fat. Carb choices: 1.5.

Chicken Salad Lettuce Cups

Go ahead, indulge. You get three of these chicken-filled lettuce cups in each hearty serving.

SERVINGS 4 (3 lettuce cups each)
CARB. PER SERVING 13 g
START TO FINISH 25 minutes

- 1/3 cup light mayonnaise
- 2 tablespoons white balsamic vinegar or regular balsamic vinegar
- 1 large clove garlic, minced
- 3 cups coarsely chopped cooked chicken breast
- 1 large red-skin apple, cored and coarsely chopped
- 1 cup coarsely chopped, seeded cucumber
- 1 cup chopped Bibb or Boston lettuce or red leaf lettuce
- 1/2 cup chopped bottled roasted red sweet peppers
- 1/4 cup thinly sliced green onions
- 12 large leaves Bibb or Boston lettuce or red leaf lettuce
- 2 tablespoons pine nuts, toasted

1. In a large bowl, whisk together mayonnaise, vinegar, garlic, and 1/8 teaspoon *salt*. Add chicken, apple, cucumber, chopped lettuce, roasted red peppers, and green onions. Toss to coat.
2. To serve, divide lettuce leaves among serving plates. Spoon about 1/2 cup of the chicken mixture into each lettuce leaf. Sprinkle chicken mixture with pine nuts.

PER SERVING: 307 cal., 13 g total fat (3 g sat. fat), 96 mg chol., 289 mg sodium, 13 g carb., 2 g fiber, 35 g pro. Exchanges: 1.5 vegetable, 0.5 fruit, 4.5 lean meat, 1 fat. Carb choices: 1.

Mushroom-Tomato Stuffed Pork Loin

SERVINGS 6 (1/6 of roast each)
CARB. PER SERVING 10 g
PREP 40 minutes **ROAST** 40 minutes
STAND 15 minutes

- 1 large portobello mushroom (about 6 ounces) or 2 cups button mushrooms
- 2 teaspoons olive oil
- 1/2 of a medium fresh poblano chile pepper,* seeded and chopped (about 1/2 cup)
- 1/2 cup chopped onion
- 3 cloves garlic, minced
- 3/4 cup reduced-sodium chicken broth
- 1/4 cup quick-cooking (hominy) grits
- 2 tablespoons snipped dried tomatoes (not oil-pack)
- 1 1 1/2- to 2-pound boneless pork loin roast

1. Remove stem from portobello mushroom, if using; if desired, scrape out scales. Chop mushroom. (Or if using button mushrooms, chop mushrooms.) In a large nonstick skillet, heat oil over medium heat. Add chopped mushroom, chile pepper, onion, and garlic; cook 5 to 8 minutes or until tender, stirring occasionally. Remove mixture from skillet; set aside.
2. In the same skillet, bring broth to boiling. Gradually stir in grits; stir in tomatoes. Reduce heat to low. Cook 2 to 3 minutes or until thick, stirring frequently. Remove from heat and stir in mushroom mixture. Set aside.
3. Preheat oven to 350°F. Trim fat from roast. Place roast on cutting board with one end toward you. Using a long sharp knife, make a lengthwise cut 1 inch in from the left side of the roast, cutting down to about 1 inch from the bottom of the roast. Turn

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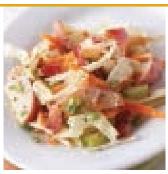
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the knife and cut to the right, as if forming the letter L; stop when you get to about 1 inch from the right side of the roast.

4. Open up the roast so it lies nearly flat on the cutting board. Place a large piece of plastic wrap over the roast. Using the flat side of a meat mallet, pound meat to 1/4- to 1/2-inch thickness. Discard plastic wrap. Spread mushroom mixture over meat, leaving a 1-inch border around the edge. Starting from one of the long sides, roll meat around filling. Using 100-percent-cotton kitchen string, tie securely at 1 1/2-inch intervals. Sprinkle meat with 1/4 teaspoon *black pepper*. Place on a rack in a shallow roasting pan.

5. Insert an oven-going meat thermometer into center of meat. Roast, uncovered, 40 to 45 minutes or until thermometer registers 150°F. Cover meat tightly with foil and let stand 15 minutes before serving. (The temperature of the meat should be 160°F after standing.) Remove string and slice meat to serve.

***TEST KITCHEN TIP:** Because chile peppers contain volatile oils that can burn your skin and eyes, avoid direct contact with them as much as possible. When working with chile peppers, wear plastic or rubber gloves. If your bare hands do touch the peppers, wash your hands and nails well with soap and warm water.

PER SERVING: 209 cal., 6 g total fat (2 g sat. fat), 71 mg chol., 153 mg sodium, 10 g carb., 1 g fiber, 28 g pro. Exchanges: 0.5 vegetable, 0.5 starch, 3.5 lean meat. Carb choices: 0.5.

Spring Risotto

SERVINGS 6 (2/3 cup each)
CARB. PER SERVING 24 g
START TO FINISH 45 minutes

- **1 tablespoon olive oil**
- **1 fennel bulb, trimmed and chopped, or 1 onion, chopped**
- **2 cloves garlic, minced**
- **1 cup uncooked Arborio rice**
- **1 14-ounce can vegetable broth**
- **12 ounces fresh asparagus and/or green beans, trimmed and cut into 1-inch pieces**
- **2 cups coarsely chopped fresh arugula or spinach**
- **1/2 cup chopped radishes**
- **1/4 cup snipped fresh parsley**
- **1/4 cup snipped fresh mint or basil**

1. In a large saucepan, heat oil over medium heat. Add fennel and garlic; cook 5 minutes or until fennel is tender, stirring occasionally. Add the rice. Cook 5 minutes or until rice is golden, stirring frequently. Remove from heat.

2. Meanwhile, in a medium saucepan, bring broth and 1 3/4 cups *water* to boiling. Add beans, if using; cover and cook 5 minutes. Add asparagus, if using; cover and cook 2 to 3 minutes more or until tender. Using a slotted spoon, transfer vegetables to a bowl; set aside. Reserve broth mixture in saucepan. Reduce heat; cover and keep broth mixture simmering.

3. Carefully stir 1 cup of the broth mixture into the rice mixture. Cook, stirring frequently, over medium heat until liquid is absorbed. Stir another 1 cup of broth mixture into the rice mixture. Continue to cook, stirring frequently, until liquid is absorbed. Add another 1 cup of broth mixture, 1/2 cup at a time, stirring frequently until broth is absorbed. (This should take 18 to 20 minutes total.)

4. Stir in remaining broth mixture. Cook and stir until rice is slightly firm and creamy. Stir in cooked asparagus and/or beans, the arugula, radishes, parsley, and mint. Serve immediately.

PER SERVING: 125 cal., 2 g total fat (0 g sat. fat), 0 mg chol., 227 mg sodium, 24 g carb., 2 g fiber, 3 g pro. Exchanges: 1 vegetable, 1 starch, 0.5 fat. Carb choices: 1.5.

New Potato-Cabbage Salad

SERVINGS 8 (3/4 cup each)
CARB. PER SERVING 12 g
PREP 25 minutes **COOK** 10 minutes
CHILL 2 to 24 hours

- **12 ounces round red potatoes, cut into 1/2-inch-thick wedges**
- **3 tablespoons light mayonnaise**
- **2 tablespoons German-style mustard**
- **3 tablespoons cider vinegar**
- **3 cups shredded green cabbage***
- **1 cup shredded carrots***
- **1 stalk celery, thinly sliced**
- **1/2 cup thinly sliced green onions**
- **2 slices turkey bacon, cooked and chopped**

1. In a covered large saucepan, cook potato wedges in enough boiling water to cover for 10 to 12 minutes or until tender. Drain well; set aside to cool.

2. Meanwhile, in a large bowl, whisk together mayonnaise and mustard. Gradually add vinegar, whisking until smooth. Add potatoes, cabbage, carrots, celery, and green onions. Toss to coat. Cover and chill 2 to 24 hours. Toss before serving. Sprinkle with bacon.

***TEST KITCHEN TIP:** If desired, substitute 4 cups purchased coleslaw mix for the shredded cabbage and carrots.

PER SERVING: 80 cal., 3 g total fat (1 g sat. fat), 6 mg chol., 169 mg mg sodium, 12 g carb., 2 g fiber, 2 g pro. Exchanges: 0.5 fat, 0.5 vegetable, 0.5 starch. Carb choices: 1.

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Mini Raspberry-Chocolate Tarts

SERVINGS 5 (3 shells each)
CARB. PER SERVING 19 g
START TO FINISH 15 minutes

- **1 1.9-ounce package baked miniature phyllo dough shells (15 shells)**
- **3 ounces milk chocolate or dark chocolate, melted**
- **15 fresh raspberries**
- **2 tablespoons slivered almonds, toasted if desired**

1. Place phyllo dough shells on a serving platter. Spoon melted chocolate into shells. Top chocolate in each shell with a raspberry and some of the almonds.

PER SERVING: 175 cal., 9 g total fat (4 g sat. fat), 4 mg chol., 43 mg sodium, 19 g carb., 2 g fiber, 3 g pro. Exchanges: 1 carb., 2 fat. Carb choices: 1.

Silky Chocolate Pie

This not-too-sweet pie gets its tang from yogurt and cream cheese.

SERVINGS 10 (1 wedge each)
CARB. PER SERVING 31 g or 23 g
PREP 25 minutes **CHILL** 24 hours (yogurt cheese) + 3 to 24 hours
COOL 15 minutes

- **5 cups plain low-fat or fat-free yogurt* or 2 cups plain fat-free Greek-style yogurt****
- **1 envelope unflavored gelatin**
- **½ cup fat-free milk**
- **½ of an 8-ounce package reduced-fat cream cheese (Neufchâtel), softened**
- **4 ounces semisweet chocolate, chopped**
- **½ cup sugar*****
- **½ teaspoon vanilla**
- **1 purchased reduced-fat graham cracker pie shell**
- **¾ cup frozen light whipped dessert topping, thawed (optional)**
- **Chocolate curls (optional)**

1. For yogurt cheese: Line a yogurt strainer, sieve, or small colander with three layers of 100-percent-cotton cheesecloth or a paper coffee filter. Suspend lined strainer over a large bowl. Spoon yogurt into the strainer. Cover with plastic wrap. Refrigerate 24 hours. Remove from refrigerator. Discard liquid. You should have 2 to 2½ cups yogurt cheese. Set aside.
2. In a small saucepan, sprinkle gelatin over the milk; let stand 5 minutes. Heat and stir milk mixture over low heat just until gelatin is dissolved. Gradually whisk in cream cheese until melted. Add chocolate; heat and stir over low heat until chocolate is melted. Remove from heat. Stir in sugar and vanilla. Transfer mixture to a large bowl; cool 15 minutes.
3. Stir about one-fourth of the yogurt cheese or Greek-style yogurt into the chocolate mixture until smooth. Fold in the remaining yogurt cheese or Greek-style yogurt. Spread mixture evenly in the pie shell.
4. Cover pie loosely and chill in the refrigerator 3 to 24 hours before serving. Cut into wedges to serve. If desired, top each serving with dessert topping and chocolate curls.

***TEST KITCHEN TIP:** Be sure to use a brand of yogurt that contains no gums, gelatin, or fillers. These ingredients may prevent the whey from separating from the curd to make yogurt cheese.
****TEST KITCHEN TIP:** If you use Greek-style yogurt, omit Step 1.
*****SUGAR SUBSTITUTES:** Choose from Splenda granular or Sweet'N Low bulk or packets. Follow package directions to use product amount equivalent to ½ cup sugar.

PER SERVING: 235 cal., 9 g total fat (4 g sat. fat), 9 mg chol., 140 mg sodium, 31 g carb., 1 g fiber, 7 g pro. Exchanges: 0.5 milk, 1.5 carb., 1.5 fat. Carb choices: 2.
PER SERVING WITH SUBSTITUTE: Same as above, except 201 cal., 23 g carb. Exchanges: 1 carb. Carb choices: 1.5.

Chocolate-Peanut Butter Molten Cupcakes

SERVINGS 6 (1 cupcake each)
CARB. PER SERVING 24 g or 16 g
PREP 25 minutes **CHILL** 30 minutes
BAKE 12 minutes **COOL** 5 minutes

- **2 ounces milk chocolate, chopped**
- **1 tablespoon creamy peanut butter**
- **¼ cup refrigerated or frozen egg product, thawed, or 1 egg, lightly beaten**
- **¼ cup sugar***
- **2 tablespoons canola oil**
- **¼ teaspoon baking powder**
- **¼ teaspoon vanilla**
- **½ cup flour**
- **3 tablespoons unsweetened cocoa powder**

1. For filling: In a small microwave-safe bowl, combine milk chocolate and peanut butter. Microwave on 30 percent power (medium-low) for 1½ to 2 minutes or until melted and smooth, stirring once halfway through cooking. Cover and chill 30 to 35 minutes or until mixture is the consistency of thick frosting, stirring every 10 minutes and checking frequently at the end as mixture sets up quickly. Use two spoons to drop mixture into six mounds on a waxed-paper-lined baking sheet, using about 2 teaspoons mixture per mound; return

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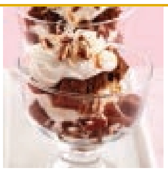

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to the refrigerator until ready to use.

2. Preheat oven to 350°F. Grease six 2½-inch muffin cups; set aside. In a medium bowl, whisk together egg, sugar, 2 tablespoons *water*, oil, baking powder, and vanilla. Add flour and cocoa powder, stirring until smooth. Spoon about 1 tablespoon batter into each muffin cup. Set a chilled peanut butter mound in center of chocolate batter in each muffin cup. Spoon remaining batter over peanut butter mounds.

3. Bake 12 to 14 minutes or until tops spring back when lightly touched. Cool cupcakes in pan on a wire rack 5 minutes. Run a thin sharp knife around the edge of each cupcake. Invert cupcakes onto serving plates. If desired, top with *strawberries* and sprinkle with *powdered sugar*. Serve immediately.

***SUGAR SUBSTITUTES:** Choose from Splenda granular or Sweet'N Low bulk or packets. Follow package directions to use product amount equivalent to ¼ cup sugar.

PER SERVING: 193 cal., 9 g total fat (3 g sat. fat), 2 mg chol., 51 mg sodium, 24 g carb., 1 g fiber, 4 g pro. Exchanges: 1.5 carb., 1.5 fat. Carb choices: 1.5.

PER SERVING WITH SUBSTITUTE: Same as above, except 165 cal., 16 g carb. Exchanges: 1 carb. Carb choices: 1.

German Chocolate Trifle

Serve this cake-and-pudding treat in individual dessert dishes or a large trifle dish or glass bowl.

SERVINGS 12 (about ½ cup each)
CARB. PER SERVING 30 g or 24 g
PREP 35 minutes **STAND** 30 minutes
BAKE 20 minutes **COOL** 10 minutes

- 2 eggs
- 1 cup flour
- 2 ounces sweet baking chocolate, grated
- 2 tablespoons unsweetened cocoa powder
- 1 teaspoon baking powder
- ¾ cup sugar*
- ½ cup fat-free milk
- 2 tablespoons tub-style vegetable oil spread
- 1 8-ounce container frozen light whipped dessert topping, thawed
- ⅓ cup flaked coconut, toasted
- ⅓ cup chopped pecans, toasted

1. Allow eggs to stand at room temperature 30 minutes. Preheat oven to 350°F. Grease and lightly flour a 9×1½-inch round cake pan; set pan aside. In a small bowl, stir together flour, grated chocolate, cocoa powder, and baking powder; set aside.

2. In a medium bowl, beat eggs with an electric mixer on high speed about 4 minutes or until thickened. Gradually add sugar, beating on medium speed 4 to 5 minutes or until light and fluffy. Add the flour mixture; beat on low to medium speed just until combined.

3. In a small saucepan, combine milk and vegetable oil spread; heat and stir until spread melts. Add milk mixture to egg-flour mixture, beating until combined. Pour batter into the prepared pan.

4. Bake 20 to 25 minutes or until a toothpick inserted near center comes out clean and top springs back when lightly touched. Cool cake in pan on a wire rack 10 minutes. Remove cake from pan. Cool completely; cut into 1-inch cubes.

5. Divide half of the cake cubes among twelve 6- to 8-ounce dessert dishes. Top with half of the whipped topping, half of the coconut, and half of the pecans. Repeat layers. Serve immediately or cover and chill in the refrigerator up to 4 hours.

TEST KITCHEN TIP: To make one large trifle: In a 2-quart trifle dish or clear glass bowl, layer half of the cake cubes,

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half of the whipped dessert topping, half of the coconut, and half of the pecans. Repeat layers.

***SUGAR SUBSTITUTES:** Choose Splenda Sugar Blend for Baking. Follow package directions to use product amount equivalent to ¾ cup sugar.

PER SERVING: 219 cal., 9 g total fat (5 g sat. fat), 35 mg chol., 60 mg sodium, 30 g carb., 1 g fiber, 4 g pro. Exchanges: 2 carb., 1.5 fat. Carb choices: 2.

PER SERVING WITH SUBSTITUTE: Same as above, except 200 cal., 24 g carb. Exchanges: 1.5 carb. Carb choices: 1.5.

Chocolate Ravioli

SERVINGS 10 (1 ravioli each)
CARB. PER SERVING 16 g or 14 g
START TO FINISH 30 minutes

- **½ cup tub-style light cream cheese**
- **2 tablespoons sugar***
- **2 ounces milk chocolate**
- **20 square wonton wrappers**
- **1 tablespoon pine nuts, toasted and coarsely chopped**

1. Preheat broiler. Coat a large baking sheet with *nonstick cooking spray*; set aside. For filling: In a small bowl, stir together cream cheese and sugar until smooth. Set aside one-fourth of the chocolate. Finely chop the remaining chocolate; stir into cream cheese mixture.

2. Lay 10 of the wonton wrappers on a work surface. Spoon 1 tablespoon filling into the center of each wrapper. Lightly moisten the edges of each wrapper with water. Top each with another wrapper, pressing edges to seal. If desired, use a fluted pastry wheel to trim edges of each square.

3. Place squares on prepared baking sheet. Coat the tops of the squares with nonstick spray. Broil 4 to 5 inches from heat about 2 minutes or until golden brown (do not turn).

4. Meanwhile, place reserved milk chocolate in a small microwave-safe bowl. Microwave on 50 percent power (medium) 1 minute. Stir until smooth. Drizzle chocolate over warm ravioli; sprinkle with toasted pine nuts.

***SUGAR SUBSTITUTES:** Choose from Equal Spoonful or packets or Sweet'N Low bulk or packets. Follow package directions to use product amount equivalent to 2 tablespoons sugar.

PER SERVING: 116 cal., 4 g total fat (3 g sat. fat), 9 mg chol., 157 mg sodium, 16 g carb., 0 g fiber, 3 g pro. Exchanges: 1 carb., 0.5 fat. Carb choices: 1.

PER SERVING WITH SUBSTITUTE: Same as above, except 106 cal., 14 g carb. Exchanges: 1 carb., 0.5 fat. Carb choices: 1.

Layered Brownies

SERVINGS 24 (1 brownie each)
CARB. PER SERVING 21 g or 16 g
PREP 30 minutes **BAKE** 25 minutes

- **⅔ cup packed brown sugar***
- **⅔ cup tub-style vegetable oil spread**
- **¼ teaspoon baking soda**
- **¾ cup refrigerated or frozen egg product, thawed, or 3 eggs, lightly beaten**
- **2 cups flour**
- **1½ cups quick-cooking rolled oats**
- **¼ cup granulated sugar***
- **¼ cup canola oil**
- **3 tablespoons unsweetened cocoa powder**
- **½ teaspoon baking powder**
- **2 tablespoons miniature semisweet chocolate pieces**
- **2 tablespoons chopped walnuts**
- **2 tablespoons quick-cooking rolled oats**

1. Preheat oven to 350°F. Line a 9×9×2-inch baking pan with foil, extending foil up over edges of pan. Lightly grease the foil. Set aside.

2. For crust: In a large bowl, combine brown sugar, vegetable oil spread, and baking soda; beat with an electric mixer on medium speed until well mixed, scraping side of bowl occasionally. Beat in ¼ cup of the egg product or 1 of the eggs. Beat in 1½ cups of the flour. Stir in the 1½ cups oats.

3. Set aside ½ cup of the oat mixture. Spread the remaining oat mixture into the bottom of the prepared pan. Bake 12 minutes or just until crust is set.

4. Meanwhile, in a medium bowl, whisk together the remaining ½ cup egg product or 2 eggs, the granulated sugar, and oil. Stir in the remaining ½ cup flour, the cocoa powder, and baking powder. Stir in semisweet chocolate pieces. Pour evenly over partially baked crust. If necessary, spread with a metal spatula. Stir nuts and the 2 tablespoons oats into the reserved oat mixture. Crumble over the top of the mixture in the baking pan.

5. Bake 13 to 15 minutes or until top is puffed and set. Cool in pan on a wire rack. Grasp the foil and lift the uncut brownies from the pan; cut into 24 bars.

TO STORE: Layer brownies between waxed paper in an airtight container. Cover and seal. Store in refrigerator up to 5 days or freeze up to 3 months.

***SUGAR SUBSTITUTES:** Choose Splenda Brown Sugar Blend to substitute for the brown sugar. Choose Splenda granular or Sweet'N Low bulk or packets to substitute for the granulated sugar. Follow package directions to use product amount equivalent to ⅔ cup brown sugar or ¼ cup granulated sugar.

PER SERVING: 163 cal., 8 g total fat (2 g sat. fat), 0 mg chol., 75 mg sodium, 21 g carb., 1 g fiber, 3 g pro. Exchanges: 1.5 carb., 1.5 fat. Carb choices: 1.5.

PER SERVING WITH SUBSTITUTE: Same as above, except 145 cal., 16 g carb., 73 mg sodium. Exchanges: 1 carb. Carb choices: 1.

steak & potato meals

Servings as big as the great outdoors may seem like good values for your wallet, but they're at the expense of your health. Use this guide to make sensible steak house selections.

SMART TIP: To be calorie-smart, cut restaurant portions in half or split a serving.

POTATOES

LOW-CAL

Plain baked potato
(10 ounces)
270 cal., 0 g fat, 63 g carb.

MEDIUM-CAL

Ask for ⅓ of the usual serving size.

Steak fries
(8-ounce side-dish serving)
610 cal., 26 g fat, 86 g carb.

HIGH-CAL

Cheese fries
(¼ of appetizer)
725 cal., 46 g fat, 60 g carb.

VEGGIES

LOW-CAL

Steamed broccoli
(side-dish serving)
70 cal., 1 g fat, 14 g carb.

MEDIUM-CAL

Sautéed mushrooms
(side-dish serving)
150 cal., 11 g fat, 12 g carb.

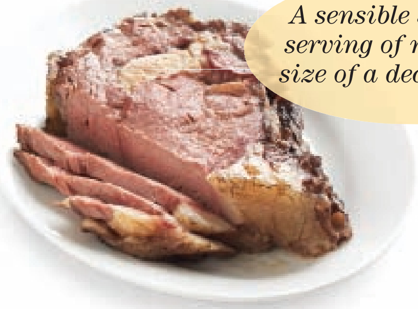
HIGH-CAL

Opt for a low-fat dressing; omit the cheese and croutons.

House salad
(side salad and 1 tbsp. ranch dressing)
309 cal., 10 g fat, 32 g carb.

STEAKS

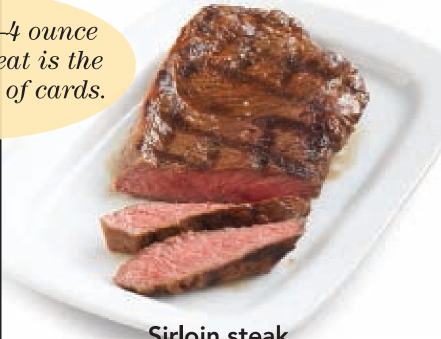
LOW-CAL



A sensible 3–4 ounce serving of meat is the size of a deck of cards.

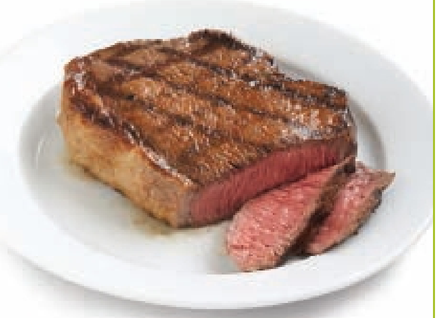
Prime rib
(12 ounces)
675 cal., 57 g fat, 0 g carb.

MEDIUM-CAL



Sirloin steak
(12 ounces)
780 cal., 55 g fat, 0 g carb.

HIGH-CAL



New York strip steak
(12 ounces)
850 cal., 66 g fat, 0 g carb.

Nutrition information from Outback Steakhouse, Lone Star Steakhouse, and CalorieKing

photos: KRITSADA; food styling: DIANNA NOLIN; prop styling: SUE MITCHELL

Tear out and save!

chicken four ways

Baked Chicken Planks

11 grams carb.

PER SERVING: 207 cal., 3 g total fat (1 g sat. fat), 70 mg chol., 534 mg sodium, 11 g carb., 0 g fiber, 32 g pro. Exchanges: 0.5 starch, 4 lean meat. Carb choices: 1.

DiabeticLivingOnline.com

Chicken, Kraut, and Apple Panini

5 ingredients

PER SERVING: 290 cal., 8 g total fat (4 g sat. fat), 85 mg chol., 464 mg sodium, 20 g carb., 4 g fiber, 33 g pro. Exchanges: 1 starch, 4 lean meat, 1 fat. Carb choices: 1.

DiabeticLivingOnline.com

Easy Chicken Pasta Toss

1 vegetable serving

PER SERVING: 221 cal., 4 g total fat (0 g sat. fat), 33 mg chol., 242 mg sodium, 27 g carb., 3 g fiber, 20 g pro. Exchanges: 1 vegetable, 1.5 starch, 2 lean meat. Carb choices: 2.

DiabeticLivingOnline.com

Moo Shu Chicken Wraps

12 grams fiber

PER SERVING: 294 cal., 7 g total fat (2 g sat. fat), 50 mg chol., 574 mg sodium, 25 g carb., 12 g fiber, 30 g pro. Exchanges: 0.5 vegetable, 1.5 starch, 3.5 lean meat. Carb choices: 1.5.

DiabeticLivingOnline.com

recipes by Shelli McConnell; photos by Kritsada; food styling by Dianna Nolin; prop styling by Sue Mitchell

Here are four quick fixes for basic chicken breasts. With prep times of 30 minutes or less, they're sure to become fast favorites.

Chicken, Kraut, and Apple Panini

SERVINGS 4 (1 sandwich each) **CARB. PER SERVING** 20 g
PREP 15 minutes **COOK** 12 minutes

- 8 slices very thin firm-texture whole wheat bread
- 12 ounces sliced cooked chicken breast
- 1 cup canned sauerkraut, rinsed and well drained
- 1 apple, cored and thinly sliced
- 4 thin slices Swiss cheese (2 to 3 ounces total)

1. Lightly coat one side of each bread slice with *nonstick cooking spray*. Place four bread slices, coated sides down, on a work surface. Top with chicken, sauerkraut, apple slices, and cheese. Top with the remaining four bread slices, coated sides up.
2. Coat an unheated grill pan or large skillet with *cooking spray*. Preheat over medium-low heat 1 to 2 minutes. Add sandwiches. Place a heavy skillet over sandwiches. Cook over medium-low heat 6 to 8 minutes or until bottoms are toasted. Using hot pads, carefully remove top skillet. Turn sandwiches and top again with skillet. Cook 6 to 8 minutes more or until bottoms are toasted.

Baked Chicken Planks

SERVINGS 4 (3 planks each) **CARB. PER SERVING** 11 g
PREP 20 minutes **BAKE** 15 minutes

- 4 skinless, boneless chicken breast halves (1 to 1¼ pounds total)
- 2 egg whites, lightly beaten
- 1 teaspoon finely shredded lemon peel
- ½ cup seasoned fine dry bread crumbs
- ¼ cup finely shredded Parmesan cheese
- ¼ cup low-calorie barbecue sauce (optional)

1. Preheat oven to 400°F. Lightly coat a large baking sheet with *nonstick cooking spray*; set aside. Cut each chicken breast half lengthwise into three strips.
2. In a bowl, beat together egg whites, 1 tablespoon *water*, and lemon peel. In another bowl, stir together bread crumbs and cheese. Dip chicken in egg mixture, then in crumb mixture, turning to coat. Arrange strips on baking sheet. Lightly coat strips with cooking spray.
3. Bake 15 minutes or until chicken is no longer pink (170°F), turning once halfway through baking. If desired, serve with barbecue sauce.

Moo Shu Chicken Wraps

SERVINGS 4 (1 wrap each) **CARB. PER SERVING** 25 g
START TO FINISH 25 minutes

- 2 teaspoons canola oil or olive oil
- 1 medium onion, chopped
- 2 cups small broccoli florets
- ½ teaspoon ground ginger
- 12 ounces skinless, boneless chicken breast, cut into bite-size strips
- 3 tablespoons bottled hoisin sauce
- 4 7- to 8-inch whole grain tortillas, warmed

1. Preheat oven to 350°F. In a large skillet, heat 1 teaspoon of the oil over medium-high heat. Add onion, broccoli, ginger, and ¼ teaspoon *black pepper*. Cook and stir 3 to 5 minutes; remove mixture from skillet. Add chicken and remaining 1 teaspoon oil. Cook 3 to 5 minutes or until chicken is no longer pink. Add vegetables and hoisin sauce to chicken. Heat through.
2. Spoon chicken mixture evenly onto tortillas. Roll up and cut in half to serve. If desired, serve skillet juices as a dipping sauce.

Easy Chicken Pasta Toss

SERVINGS 6 (1⅓ cups each) **CARB. PER SERVING** 27 g
START TO FINISH 30 minutes

- 6 ounces dried multigrain penne pasta
- 1 tablespoon olive oil or canola oil
- 4 cloves garlic, minced
- ¼ teaspoon crushed red pepper
- 2 cups broccoli florets
- 12 ounces skinless, boneless chicken breast, cut into bite-size strips
- 1 14.5-ounce can diced tomatoes with green pepper, celery, and onions, undrained
- 1 tablespoon snipped fresh basil or oregano

1. Cook pasta according to package directions. Drain.
2. In a large skillet, heat oil over medium-high. Add garlic and red pepper; cook and stir 30 seconds. Add broccoli; cook 3 minutes more. Remove broccoli.
3. Add chicken to skillet; cook and stir 3 minutes or until no longer pink. Return broccoli to skillet. Add tomatoes and pasta. Cook and stir until heated through.
4. Divide mixture among four bowls. Sprinkle with basil and, if desired, *Parmesan cheese*.

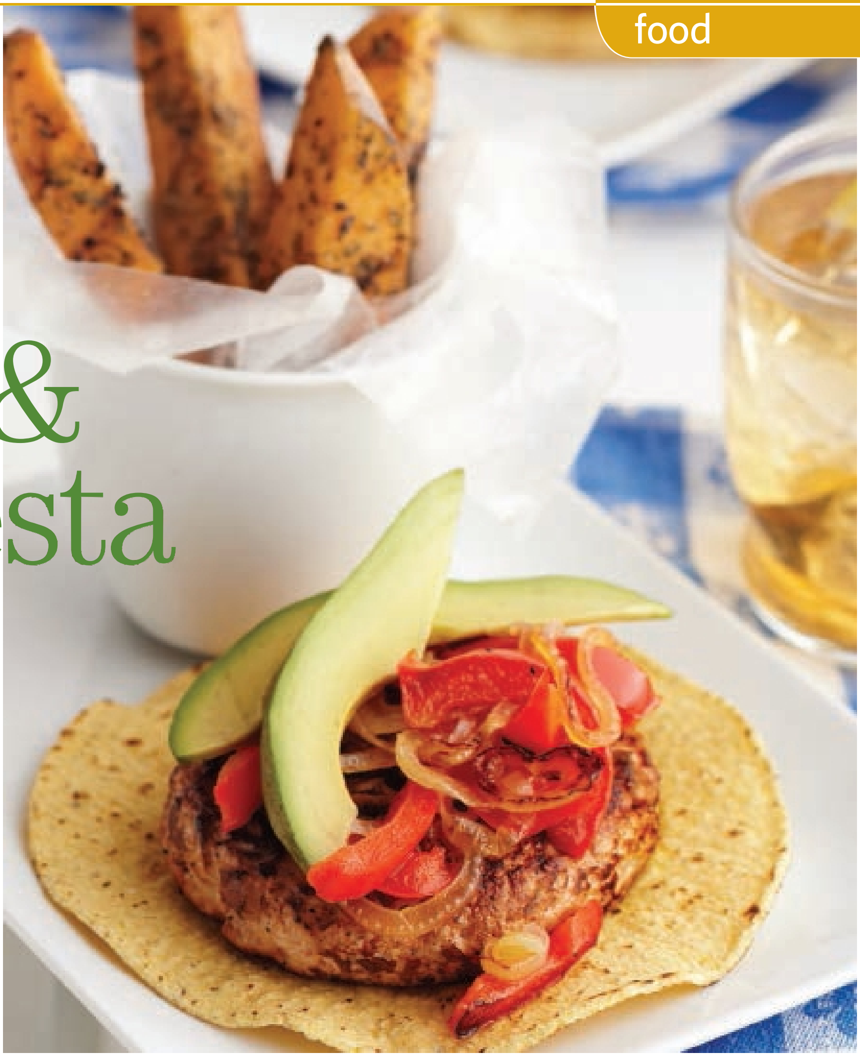


TABLE FOR TWO

burger & fries fiesta

You'll love this south-of-the-border spin on the classic American combo.

RECIPES BY **Laura Marzen, R.D., L.D.**
PHOTOS BY **Blaine Moats**
FOOD STYLING BY **Dianna Nolin**
PROP STYLING BY **Victoria DeGette**

Grilled Fajita Burgers

These zesty patties are topped with grilled veggies and avocado to make a mouthwatering Tex-Mex meal. Serve them on tostada shells instead of hamburger buns to cut carbs.

SERVINGS 2 (1 burger each)
CARB. PER SERVING 20 g
PREP 20 minutes **GRILL** 10 minutes

- 8 ounces uncooked ground turkey breast or lean ground beef
- 1/4 cup purchased salsa
- 1/4 teaspoon ground cumin
- 1/2 cup thinly sliced sweet onion (such as Vidalia or Maui Maui)
- 1/2 of a medium red sweet pepper, thinly sliced (1/2 cup)
- 1 teaspoon canola oil
- 2 purchased tostada shells
- 1/4 of a medium avocado, seeded, peeled, and sliced or chopped

1. In a medium bowl, combine turkey, salsa, cumin, 1/8 teaspoon *black pepper*, and a dash *salt*. Mix well. Shape into two 1/2-inch-thick patties. Fold a 24×12-inch piece of heavy-duty foil in half to make a 12-inch square. Place onion and sweet pepper in center of foil; drizzle with oil. Bring up two opposite edges of foil and seal with a double fold. Fold remaining edges together to completely enclose the vegetables, leaving space for steam to build.*

2. Place vegetable packet and patties on the rack of an uncovered grill directly over medium coals. Grill 10 to 13 minutes or until an instant-read thermometer inserted into the side of each patty registers 165°F for turkey or 160°F for beef and vegetables are tender, turning once halfway through grilling. (For a gas grill, preheat grill. Reduce heat to medium. Place packet and patties on grill rack over heat. Cover and grill as at left.)

3. Serve patties on tostada shells. Top with vegetables and avocado.

***TEST KITCHEN TIP:** Instead of cooking the vegetables in foil, the pepper and onion mixture may be cooked in a skillet on the side burner of the grill or on the range top. In a covered medium skillet, cook onion and pepper slices in hot oil over medium heat 10 minutes, stirring occasionally. Uncover and cook 3 minutes more or until pepper is very tender and onion is golden brown, stirring occasionally.

PER SERVING: 285 cal., 10 g total fat (1 g sat. fat), 55 mg chol., 430 mg sodium, 20 g carb., 5 g fiber, 29 g pro. Exchanges: 0.5 vegetable, 1 starch, 3.5 lean meat, 1 fat. Carb choices: 1.

These sweet potato wedges are better for you than take-out french fries. Sweet potatoes are high in Vitamin A, an antioxidant.

Grilled Sweet Potato Wedges

Grilling browns the sweet potatoes without the calories and fat of frying. The lively coating of oregano, garlic powder, and cinnamon is the perfect partner for the subtly sweet taters.

SERVINGS 2 (½ cup each)
CARB. PER SERVING 17 g
PREP 10 minutes **COOK** 8 minutes
GRILL 3 minutes

- **½ medium sweet potato, scrubbed (6 ounces)**
- **¼ teaspoon dried oregano, crushed**
- **⅛ teaspoon garlic powder**
- **dash ground cinnamon**
- **1 tablespoon snipped fresh cilantro**

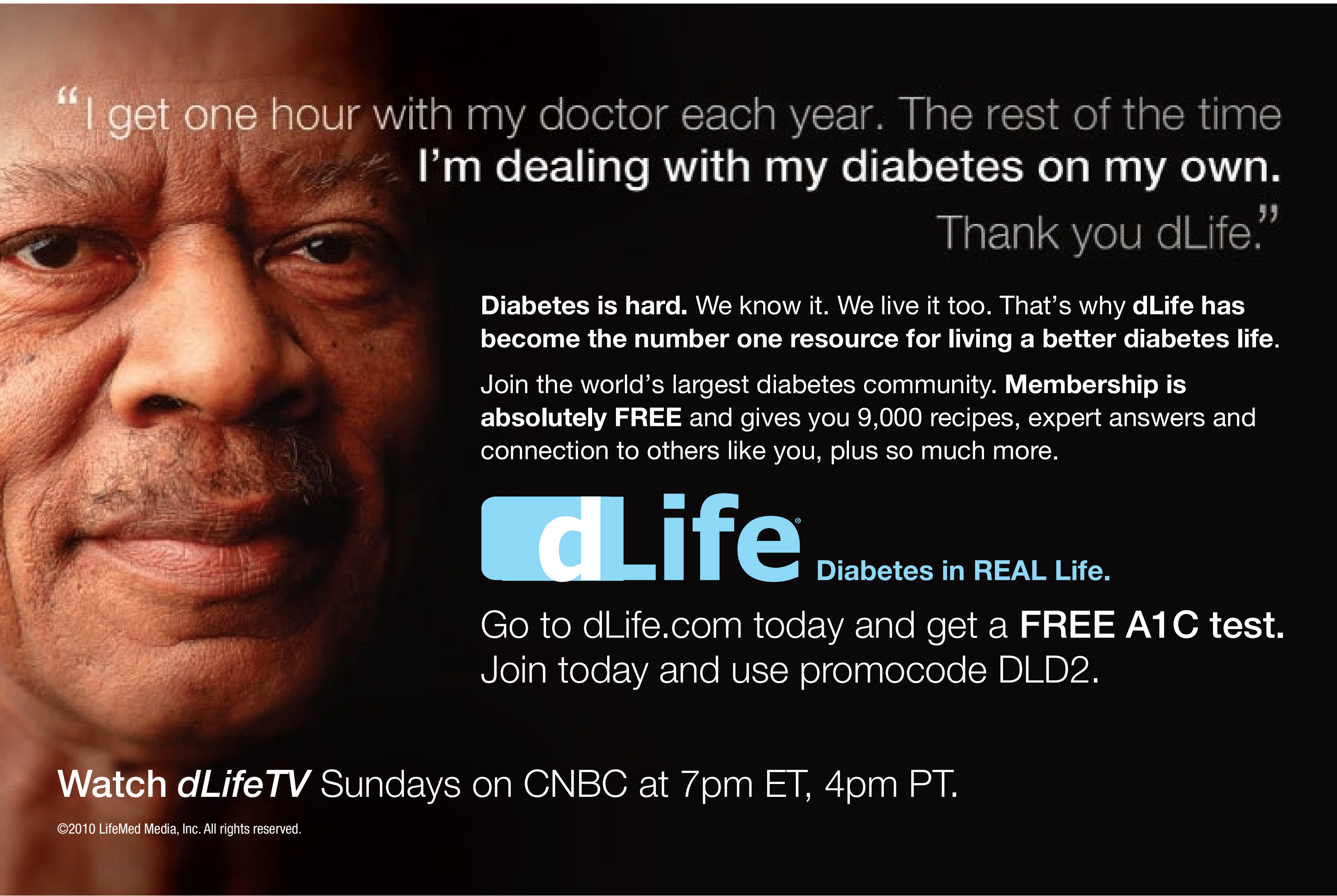
1. Cut the half sweet potato in half crosswise. Cut each half lengthwise into 1-inch-thick wedges. In a covered medium saucepan, cook wedges in enough boiling water to cover 8 to 10 minutes or just until tender; drain well. Pat dry with paper towels.

2. In a small bowl, combine oregano, garlic powder, cinnamon, and a dash *salt*. Coat sweet potato wedges with *nonstick cooking spray*. Sprinkle evenly with oregano mixture.

3. Place potato wedges on the rack of an uncovered grill directly over medium coals. Grill 3 to 5 minutes or until potato wedges are lightly browned, turning once halfway through grilling. (For a gas grill, preheat grill. Reduce heat to medium. Place potato wedges on grill rack over heat. Cover and grill as above.)

4. To serve, sprinkle potato pieces with cilantro.

PER SERVING: 75 cal., 0 g fat, 0 mg chol., 118 mg sodium, 17 g carb., 3 g fiber, 1 g pro. Exchanges: 1 starch. Carb choices: 1.



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guide to our recipes

See how we calculate nutrition information and help you count exchanges and carbs.

Our recipes help you keep track of carbohydrate in two ways—tallying carbohydrate grams and the number of carb choices. For carb choices, one choice equals 15 grams of carbohydrate. The benefit of this system is that you're keeping track of smaller numbers, which may make counting simpler for people not on rapid-acting insulin.

Each recipe in this magazine is approved by the Better Homes and Gardens® Test Kitchen. Our recipes taste great, work for novice and experienced cooks alike, and are analyzed for the key nutrition information that helps in managing diabetes.

Pork Chops Primavera

SERVINGS 4 (1 pork chop and 1 cup bean mixture each)
CARB. PER SERVING 26 g
START TO FINISH 20 minutes

- 2 slices turkey bacon, cut in 1-inch pieces
- 12 ounces trimmed fresh young green beans
- 4 bone-in pork chops, ½ inch thick
- 1 tablespoon reduced-sodium soy sauce
- 2 teaspoons canola oil
- 3 tablespoons apple butter
- 1 cup red and/or yellow cherry tomatoes and/or grape tomatoes

1. In a 12-inch nonstick skillet, cook bacon according to package directions. Remove from skillet; set aside.

2. Meanwhile, in a 2-quart microwave-safe dish, cook beans in 2 tablespoons *water*, covered, on high (100 percent power) 4 minutes; stir once. Drain; set aside. Brush chops with soy sauce. In the same skillet, brown chops on both sides in hot oil over medium heat. Add apple butter and 3 tablespoons *water*; reduce heat. Simmer, covered, 5 minutes. Add beans, tomatoes, and bacon; cook, uncovered, 3 to 5 minutes, until heated through.

PER SERVING: 307 cal., 7 g total fat (3 g sat. fat), 83 mg chol., 309 mg sodium, 26 g carb., 4 g fiber, 33 g pro. Exchanges: 1 vegetable, 1.5 carb., 4 lean meat. Carb choices: 2.

Recipe notes

When we list a range in the number of servings, we base the analysis on the smaller number.

When ingredient choices appear, we use the first one to calculate the nutrition analysis.

Ingredients listed as optional are not included in the nutrition analysis.

Tub-style vegetable oil spread refers to 60 percent to 70 percent vegetable oil product.

Lean ground beef refers to at least 90 percent lean beef.

Kitchen basics such as salt and nonstick cooking spray are not listed in the ingredients list; they are italicized in the how-to steps.

For marinades, we assume most of it is discarded when calculating nutrition analysis.

Test Kitchen tips and advice on using sugar substitutes are listed after the how-to steps.

Key to abbreviations used in the nutrition information:
cal. = calories
carb. = carbohydrate
chol. = cholesterol
pro. = protein
sat. fat = saturated fat

Nutrition information per serving is noted at the end of each recipe. We include exchanges and carb choices (1 choice = 15 g carb.).

photo: **JASON DONNELLY;** food styling: **JENNIFER PETERSON**

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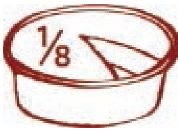
Gluten FREE When you see this symbol GF next to the recipe title, the recipe is designed to be prepared with gluten-free ingredients and is suitable for people who have celiac disease.

Serving sizes

These symbols, used on our recipe photos, indicate the size of a single serving.

Cup: For foods you ladle or spoon, such as soup and pasta.



Round pan: For foods served in wedges, such as cake, pie, and quiche.

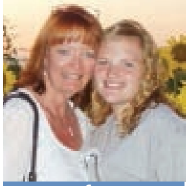
Rectangular dish: For foods cooked in casserole dishes and baking pans, such as lasagna, sheet cakes, and bars.

friendly advice

Meet some members of our reader advisory panel. They encourage your daily efforts in living through the ups and downs of diabetes.

BY Caitlin Thornton

Embracing lasting changes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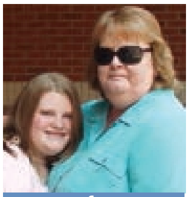

Before

For years Susan Hayne, PWD type 2, smoked, ate poorly, and didn't exercise—until she landed in the hospital. After a diagnosis of congestive heart failure and diabetes, Susan, 49, from Cordova, Tennessee, was determined to take control. "I lost a total of 152 pounds, haven't had a single cigarette, and I feel absolutely fantastic!" Susan says. Her lifestyle revamp includes better food choices and regular exercise. **Wise words:** Make food labels your friends and not your foes. Susan checks labels while shopping. "Outings to the grocery store take longer than they used to, but I look at it as an adventure to learn what I can eat and create with the food choices available to me," she says.

Making exercise a must-do

Dan Medich, 56, PWD type 2, was told to exercise after being diagnosed with diabetes. "I was in denial and didn't put forth the effort," says Dan, who lives in Bethel Park, Pennsylvania. With arthritis in both knees, finding a fitness program was difficult. Dan got serious when his doctor suggested that insulin injections, often necessary as type 2 progresses, were next.
Wise words: Stop making excuses not to exercise. "I began working with a Pilates personal trainer," Dan says. "Since then I've lost 55 pounds, my A1C is 6.6 percent, and my cholesterol is 144."

Speaking out about diabetes

"I have struggled with diabetes on and off for 25 years," says Sandy Collier, 65, PWD type 2. Sandy, from Bellflower, California, has found that support from others—even from those without diabetes—has helped her in her journey.
Wise words: Let others know you live with diabetes. "I've learned in the last few years to not be ashamed to admit that I have it," Sandy says. "I now have the courage and conviction to do what is right for my health."

Please, won't you join us, too?

Reach out, sound off, join in!

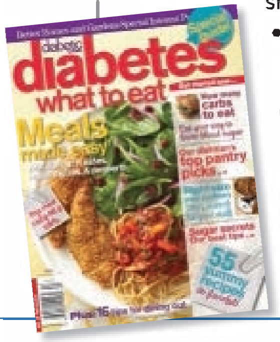
Become a member of our reader advisory panel and help other people live well with diabetes. Complete the form at **DiabeticLivingOnline.com/panel** or write to us, address on page 6. E-mail: diabeticliving@meredith.com.

More great tips!

This quick-start guide for people diagnosed with type 2 diabetes helps you get in control now.

A few highlights

- How to put together tasty, good-for-you meals
- Is sugar-free really free?
- Easy techniques for smart portions
- Plus 60+ pages of tasty recipes



On sale March 30, 2010. Find it at your favorite newsstand.

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